REPORT RESUMES

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STUDIES IN HUMAN INTERACTION, INTERPERSONAL PROCESS RECALL STIMULATED BY VIDEOTAPE.

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THE INTERPERSONAL PROCESS RECALL (IPR) TECHNIQUE WAS DEVELOPED AS A MEANS FOR PROBING MORE DEEPLY INTO MAN'S THOUGHTS AND FEELINGS AS HE INTERACTS WITH OTHERS. IT ASSUMES THAT IF A SUBJECT IS GIVEN ENOUGH CUES AND CLUES TO HELP HIM RELIVE AN EXPERIENCE, HIS FEELINGS AND THOUGHTS COULD BE EXPLORED IN DEPTH AND WITH REASONABLE ACCURACY OF RECALL. THE BASIC IPR TECHNIQUE INVOLVES FIRST THE VIDEO TAPING OF AN INTERACTION. THE VIDEO TAPE IS THEN REPLAYED IN A RECALL INTERVIEW IN WHICH THE PARTICIPANTS ARE ABLE TO RELIVE THEIR EXPERIENCE AND, AIDED BY A TRAINED RECALL INTERVIEWER, INTERPRET THEIR FEELINGS AND THOUGHTS, THEIR BODILY MOTION, AND THE OTHER PROCESSES INVOLVED IN THE INTERACTION. THIS BASIC PROCEDURE WAS VARIED IN SEVERAL INSTANCES IN THE COURSE OF THE STUDIES COMPRISING THIS PROJECT. SIMULATION TECHNIQUES AND MEASUREMENT PROCEDURES WERE DEVELOPED. IPR WAS FOUND TO HAVE SIGNIFICANT VALUE IN STUDIES OF COUNSELOR EDUCATIONAL INTERPRETATION OF NONVERBAL BEHAVIOR, TEACHING-LEARNING, ACCELERATION OF CLIENT PROGRESS, THE MEASUREMENT OF AFFECTIVE SENSITIVITY, AND THE DEVELOPMENT OF A THEORY OF INTERPERSONAL BEHAVIOR AND COUNSELOR SUPERVISION. (AUTHOR)

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FINAL REPORT

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STUDIES IN HUMAN INTERACTION
Interpersonal Process Recall Stimulated by Videotape

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PREFACE

This research is a continuation of our 1963-1965 efforts. (Grant OE 7-32-0410-216, Office of Education, Department of Health, Education and Welfare).

The earlier work provided the basic experience with IPR from which the current refinements and elaborations were generated. Whenever appropriate, throughout this report, summaries of relevant aspects of the previous work will appear. It is hoped that this practice will not only make the current findings more meaningful to the reader but will also serve to put into one volume a body of closely related data and thought.

ACKNOWLEDGEMENTS

We are grateful to the many who helped us. Hundreds of people served as subjects. They gave us their time and energy and took in payment only the hope that we might ultimately effect some improvement in the way people achieve and relate with each other. The staff and inmates of the State Prison of Southern Michigan (Jackson) volunteered as subjects and judges for parts of the project. So, too, did many students and faculty of Boston University, the State University of New York at Buffalo, University of Pittsburgh, Florida State University, The University of Florida, Ohio State University, The University of Ohio, Syracuse University, Rochester University, Wayne State University, Western Michigan University, Indiana University, Purdue University, The University of Illinois, the University of Kentucky, Atlanta University, the University of Georgia, Toledo University, and Michigan State University.

Our distinguished judges in the first counselor education study were Arnold Buchheimer, The City University, Robert Callis, University of Missouri, Fred Proff, University of Houston, and Milton Schwebel, Rutgers University. They were most helpful and encouraging to us at a time when encouragement was needed.

For helping us obtain complex facilities and equipment, we thank Dean John E. Ivey, Jr., Associate Dean John X. Jamrich and Assistant Dean William B. Hawley of the College of Education and Secretary to the Board of Trustees, Jack Breslin. For their constant support and enthusiasm we are indebted to our colleagues Buford Stefflre, William W. Farquhar, James W. Costar and Bernard Corman. Bertram Karon, Harry Grater, Richard Rank, Lee Shulman, Gwendolyn Norrell, Hilliard Jason and Norman Stewart also deserve special thanks. We are most grateful for the editorial help of Roslyn Blum and Beverlee Kagan.

In both this and the earlier phase of our work, we have had extremely competent research assistants. In truth, they were not assistants but respected colleagues. They actively and creatively contributed to the designing and execution of various studies and assisted in writing the various sections of this and the earlier report. In addition to those whose names appear on the title page, we wish to again thank Sarah Hervey, G. Robert Ward, Barbara Fuller, and John Hartzell. We also tank S. Joseph Levine, Bill Stock, Norman Story, Robin Widgery, Robert Woody, Gerald G. Griffin, James Chapman, Fred Howe and Harry Dillard for all they did to help us in this work.

For technical facilities we are indebted to the Michigan State University Closed Circuit Television Network and Erling Jorgensen, Herman Rudolph, Fred Henderson and J. D. Davis. For engineering assistance and for sharing our excitement about innovation, we are especially grateful to Rod Stumphofer.

To our secretaries past and present, Lynne Wendzel, Lynda Crafton and especially Mary Ann Powell, we owe much, especially for carrying through the work on these reports.

Finally, we thank Thomas Clemens, then Director of the NDEA Title VII Branch for his counsel and encouragement.

N.K.

D.R.K.

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SECTION I

Overview, Summary, Argument

In this Section we describe the general characteristics of Interpersonal Process Recall (IPR) methods, variations, summary statements of the several studies and speculations about the implications of our observations and findings.

CHAPTER I

OVERVIEW

Introduction to IPR

Psychologists, counselors, psychiatrists and workers in related disciplines often are viewed as mind readers who have some peculiar capacity for looking into man's mind and knowing what is being thought and felt. In reality they have no reliable device for penetrating the thoughts and minds of others. Perhaps from their experience they may be more able to make accurate inferences than those who are untutored. Perhaps their theories permit them to observe more acutely and to infer more precisely the meaning of various kinds of behaviors. But unlike dentists who have x-rays, or doctors who have bronchoscopes, they have no device which permits them a magic entreé to man's inner being.

There are many situations, such as in counseling and teaching, where the counselor or the teacher seeks to have a beneficial effect on one or more persons. They could do a better job if they could more accurately ascertain what the other person thinks and why he behaves as he does. Their reasons for wanting to be able to do this may vary depending upon their orientation. The counselor surely needs to understand better what the client really means by what he is saying. The teacher wishes to understand better a student's dynamics and adjust his behavior accordingly.

What means have psychologists and teachers used to probe man's internal state? They have used psychological tests which purport to measure relatively gross aspects of the subject's personal and interpersonal drives and patterns, but none has been able to predict or explain the meanings and dynamics of a subject's behavior at a given moment in time or in a given encounter. For example, a counselor might be able to ascertain that a client has rather high dependency needs but he could not reliably interpret the meaning of the client's anger at a counselor on a given day or his coyness on another. The teacher knows that John's IQ is high but this does not necessarily help her understand John's apparent stupidity in learning a particular rule or principle. Psychological tests are helpful but a more precise means of interpreting specific behaviors is needed.

This project grew out of the need to provide this more accurate means of interpreting behavior for counselor education. Our initial concern was that the education of counselors and therapists is currently based on a very small portion of the available client responses, namely those which could be recorded on an ordinary tape recorder. Although techniques of supervision vary, training typically consists of having the trainee counselor audiotape record his interviews, listen to the recording with a counselor educator and discuss the recording in terms of how he handled the session. With one-way mirror systems the supervisors may watch an occasional interview or a part of an interview with a client, and only by these time-consuming means can he make suggestions about the face-to-face behavior. Even where videotaping is used there is very little understanding of the various mannerisms, facial expressions, and other nonverbal clues which accompany the client's verbalizations. Further, since there is no feedback from the client as to the meaning of these behaviors, supervisors interpret them according to their own orientation and experience. The student often covertly assumes these are personal judgments and often prefers his own intuitive interpretation to that of the "ivory tower" professor. Without details and accurate descriptions of the obstacles which the counselor trainee perceived, counselor educators often find it difficult to know how to best use a supervisor relationship. The supervisor has no reliable answers for the following questions: Did the trainee miss opportunities to influence the client because he didn't perceive or understand some of the more subtle client cues? Was he so preoccupied with projecting a "proper" counselor image that he was not really focused on the client's communication? Had he accurately understood the communication of the client but was frightened that the client might "fall apart" or get angry with the trainee, or, even worse, cry, if the trainee responded to the client's cues? Was he simply not well enough informed about counseling theory? These and many other obstacles could face trainees at any given stage in their development. A counselor-trainee might need very different types of supervision or at least different supervisory focus, depending on the kind of obstacles he faced at a particular point in his early practicum experiences; yet, it is often extremely difficult for a supervisor to determine the cause of a counselor trainee's difficulties after a session is completed. Nor can the trainee himself usually describe, in retrospect, what he had been most troubled by. In the absence of knowledge of the nature of specific developmental counselor tasks supervisors frequently adopt a supervisory "posture" with the trainee. The supervisor tends to maintain this posture as his approach throughout the trainees supervised experience.

As we examined what we knew about non-verbal communication it seemed that in the absence of useful structures which would permit interpretation, little conscious use was made of nonverbal cues by counselors or teachers.

Clearly we needed to find better ways to gain knowledge about underlying thoughts and feeling in human interaction. Wundt was among the early introspectionists who trained people to report what was going on in their minds. But Wundt and others observed that many things are forgotten, that the subjects in general are unlikely to recall little more than the major details. They do not report things of which they were not conscious at the time they were undergoing the experience.

Because it is difficult for a person both to introspect and to interact with another person in a normal manner at the same time, we wondered if there were a way of permitting the mind to interact with a situation at one time and to introspect concerning the reaction at another. We concluded that if we could give a subject enough clues and cues to help him relive the experience, we could explore in depth at a later time various points in the interaction, the thoughts, feelings, changes in thoughts and feelings, and the meaning of various gestures and expressions.

This formulation of the problem suggested that if we could capture the relevant stimuli in the situation in such a way that we could recreate it at a later time, we could help the person relive the original situation. Benjamin S. Bloom and his associates studying classroom interaction did just this (Bloom, 1954). They used sound stimuli as captured through audio tape recordings as the means of recreating the original situation.

As used in Bloom's studies, the investigators audiotaped class discussion. Following the class session, individuals were called back and segments of the recorded discussion were replayed. The tape was stopped at what appeared to be significant points and the subject was asked to recall what was going through his mind at that point. The reports of these investigations suggested that the recordings aided many individuals in reliving their original experiences. The richness of detail in their reports led us to believe that this method had great promise. A student could report, for instance, that at the instant when the tape was stopped he happened to be gazing out the window and a red fire engine came cruising down the street. Instances of this kind, irrelevant to the main theme of the lecture or discussion, added further credence to the belief that this method did indeed provoke rather accurate and detailed imagery of the previous events.[1]

As we pondered the possibilities of using this method for our problem, it occurred to us that the likelihood of complete reliving of the experience would be increased if as much of the original experience as possible were presented to the subject. Video tape would permit us to provide the maximum cues, both verbal and nonverbal, to the individual necessary to recreate the original situation, and would allow immediate replay. This became the heart of our methodology. It also seemed possible that as we gained experience with the media we could train educators or clinicians in how to help a subject relive and report what he recalled. The immediate video tape replay with remote stop-start control in addition to a person specially trained and experienced in helping a subject to concentrate and relate his recalled thoughts and feelings are the two dimensions which are the heart of our methodology. The name Interpersonal Process Recall (IPR) was coined to describe the process.

Basic Techniques

Facilities

A seminar classroom was remodeled (Diagram 1) to provide three rooms; the larger of the two small rooms was a studio in which videotaping and recall sessions could be held. The second small room was equipped for viewing and recording the recall sessions. An adjacent workroom could be darkened so that activities in the two small rooms

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[1] Gerhard Nielsen (1964) studied the use of motion pictures (16 mm) to stimulate recall. His design and the time required to develop film prohibited his use of instant playback; nevertheless, his subjects seemed able to recall many of the feelings they had had.

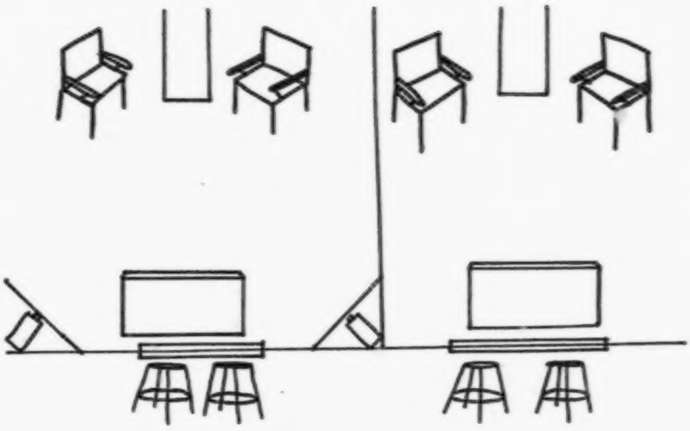

Diagram 1.--Floor Plan of IPR Suite:

--Combination studio and recall room is shown at upper left of diagram.

--Room used for recall only is shown at upper right.

--Observation and work room is shown below the others.

--TV monitors for playback are against the middle wall.

--The TV cameras are in the corners of the studio room.

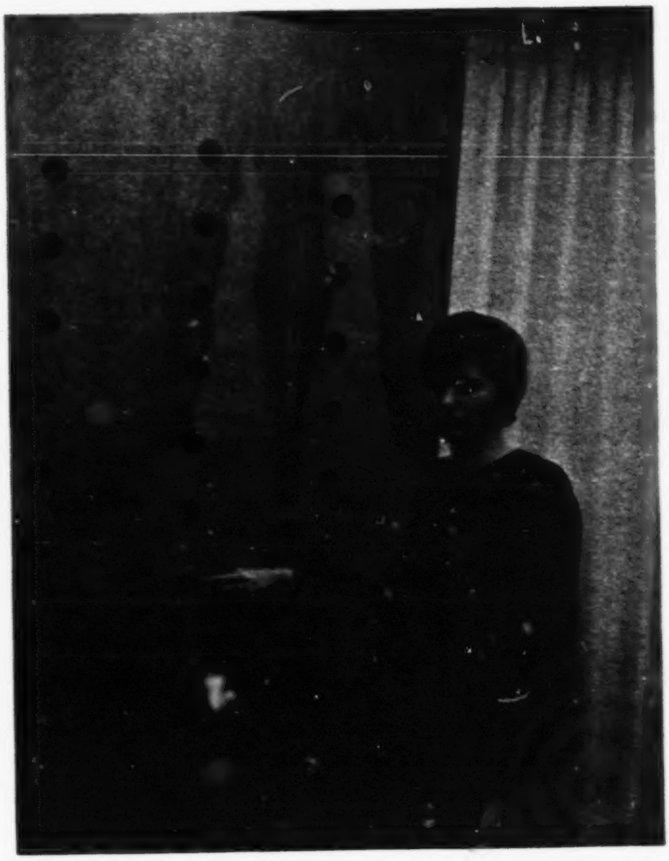

Photo 1.--The TV camera is behind the hole being pointed out. It is visible, but not obvious.

Photo 2.--A counselor (left) and a client (right) are in position in the IPR studio and recall room. The microphone and telephone are between them.

Photo 3.--The split-screen image is shown as it appears on video tape.

Photo 4.--A client and an interrogator are shown watching a replay. The box in the client's hand contains an "off-on" switch which controls the video tape recorder.

could be observed through one-way mirrors and the studio could be listened to as well through the sound system. Photograph 2 shows the studio being used for an interview.

Two cameras were installed in corner hideaways of the studio. Each focused across the room on a chair diagonally opposite the camera. A special effects amplifier was used so that when the images from the two cameras were blended and fed to a single monitor, the exposed images from the two cameras fell side-by-side. By so setting the chairs that each faced a camera and yet angled toward the other person, we had almost the same view that each participant had of the other superimposed side-by-side on a videotaped image. An example of the view obtained is given in Photograph 3.

The cameras were enclosed in the corners by an attractive piece of plywood with a symmetrical pattern of perforation. Photo 1 gives a view of one of the corners where one of our staff members is pointing to the hole through which the camera lens can be discerned. The attempt was not to conceal the cameras from view but rather to prevent them from being of continuous concern to the individual. All subjects were told that they were being videotaped and the process was explained. Sound was picked up from a microphone semi-concealed in an arrangement of artificial flowers on a coffee table placed between the participants. A telephone on the coffee table permitted the staff to interrupt the proceedings or to call the tape room to give them directions regarding taping and viewing procedures. (Photograph 2)

The signal from the cameras and the microphone were sent to an audio and video monitoring board by means of cables to the closed circuit television studios for the University.

Procedure

The process began with the two participants entering the room and beginning their interview. As we note again later, the session lasted various lengths of time depending upon the particular experiment underway. Typically the interview was watched and listened to from the workroom by the person who would serve as interrogator.[2] Thus he already knew what to expect and had made mental notes about places that would be significant to inquire about (particularly if the client did not first volunteer the information) when he assumed the role of interrogator.

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[2] "Recall worker" has been suggested by observers of the process as a more professional term than interrogator. Role and function of the interrogator are elaborated on later in this Section.

When the interview was concluded the tape was rewound and readied for replay. The counselor brought the session to a close as soon as he comfortably could. He then left and the interrogator took his place.

The interrogation session involved replaying the original session by closed circuit available only at the television monitors in the studio and recall rooms. Our engineers devised a remote control switch which permitted either subject or interrogator to start and stop the videotape machines from the studio. Photo 4 shows how a client and interrogator would appear in a replay session. The small box in the hands of the client contains a toggle switch with positions for "play" and "stop."

We also used the second (recall only) room for interrogation on occasion. The counselor could be interrogated in this room where there was also a television set; thus both client and counselor could be interrogated separately but simultaneously while viewing the same scenes. A remote control switch installed in this room also controlled the videotape recorder. Switching was so arranged that the recorder would run only when both switches were in the "play" position so that the tape could be kept in the stop position when either client or counselor deemed it desirable. This procedure permitted us to know how both client and counselor reacted at the same point in the interview. Both interrogations were monitored and audio recorded in the control room at the closed circuit studio on tape recorders for later study. The resulting recording of any single or double recall session could be transcribed. Since the original interview had also been recorded, a typescript could be made of the interview and its corresponding interrogation segment. The transcriptions were mounted on large sheets with the interview on the left and the recall opposite it on the right. These sheets permitted a study of the dynamics of the interview situation.[3]

Interrogation

We believe that basic to obtaining significant data and learning from video recall is the introduction of a third person into the counselor - client relationship who conducts the videotape recall sessions for either or both of the participants.

Role and Function

The third person's function is to facilitate a self-analysis by the client of his underlying thoughts, feelings, images, expectations and his general pattern of interaction with the counselor--it is not to establish another relationship like the one being reviewed. The interrogator avoids establishing another counselor-client relationship. The interrogator tries to keep the client focused on the feelings or the content of the original relationship. He helps the client relive the original experience and talks only about what transpired then. He reminds the subject of the task to keep him from straying and especially to keep him from focusing his attention on the interrogator. The subject needs to be encouraged to pay attention to the T.V. monitor as much as possible and to the third person as little as possible. The questions the interrogator asks are very brief to keep the client focused on the T.V. monitor. Although clinical skill is needed by the interrogator to help the client recognize his underlying feelings, the third person needs to structure carefully his relationship and act more like a clinical interrogator than like a counselor or a therapist--in fact, because this third person in the counseling dyad must delimit his clinical function to actively probing the immediate past, we chose to name "interrogator" to describe his role.

Those interrogators who are most effective in assisting the client in recall and examination of feelings are usually competent clinicians able to identify and understand the client's cues and commentary. Although it appears that the effective interrogator must possess the same perceptive abilities and empathic qualities as the counselor, as more experience with the process was gained clearer differentiation was made between the roles of counselor and interrogator.

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[3] An illustrative protocol is presented in this report. See Appendix N.

First, the interrogator is not as concerned as the counselor with the total dynamics of the client but rather with teaching the client how to interrogate himself and how to gain insight through the "self-confronting" experience afforded by videotape. No attempt is made to relate the recalled thoughts and feelings to the client's life in general. Only the relationship on videotape is studied, although major elements of the dynamics within that relationship are sought (thus the interrogator usually encourages the client to deal with basic recurring or persistent fears, aspirations etc., rather than spend much of the interrogation session focusing in on one or two responses or gestures about which the client might choose to be extremely verbal).

Second, whereas the counselor may allow the client more freedom to "set the pace" in the investigation of areas of client concern, the interrogator tends actively to "push" the client for greater clarity in describing and understanding specific behaviors. Since the interrogator has the videotaped behavior, he may choose to examine any client response by asking the client to stop the playback and to elaborate on the meaning of a piece of behavior the interrogator considers important.

Interrogation can be a learning situation where the client comes to be intensely aware of his own behavior and personal idiosyncracies. The more he examines himself in interaction with the counselor, the more he may consciously choose to alter or redirect his behavior with the counselor and with others. It is the interrogator's function to create within the client this "intense awareness of his own behavior" in one relationship, and it is the counseling relationship within the IPR process that uses that "awareness" to help the client enter a new relationship with the counselor and to promote client growth in his total life situation.

As experience with IPR interrogations was gained, it seemed to be helpful if clients were given an explanation which might help them understand the purpose of the process, especially since helping clients to become self-interrogating seemed the most productive way to help them toward self-exploration and insight. At the beginning of each recall session, and repeated as necessary, the following assumptions are therefore made explicit to the client before recall is begun:

"1. We know that the mind works faster than the voice.

2. As we talk with people, we think of things which are quite different from the things we are talking about. Everyone does this and there is no reason to feel embarrassed or to hesitate to "own up to it" when it does occur.

3. We know that as we talk to people, there are times when we like what they say and there are times when we are annoyed with what they say. There are times when we think they really understand us and there are times when we feel they have missed the point of what we are saying or really don't understand what we were feeling or how strongly we were feeling something.

4. There are also times when we are concerned about what the other person is thinking about us. Sometimes we want the other person to think about us in ways which he may not be.

5. If we ask you at this moment just when you felt the counselor understood or didn't understand your feelings, or when you felt you were making a certain kind of impression on him, or when you were trying to say something and it came out quite differently from the way you wanted it to, it would probably be very difficult for you to remember. With this T.V. playback immediately after your interview, you will find it possible to recall these thoughts and feelings in detail. Stop and start the playback by means of the switch as often as you remember your thoughts and feelings. The recorder is on remote control so that you are not troubling anyone no matter how often you stop and start the playback. As you remember thoughts and feelings, stop the tape and tell me what they were."

Clients appear to differ widely in their abilities to engage in this process. While some become involved rather easily, others need to be prompted, for example, "I know that's what you said, but what were you feeling as you said it?"

After the client has successfully recalled some of his feelings, the interrogator can broaden the spectrum of areas for recall, e.g., "If ever any pictures came to your mind as you spoke, please tell me what they were as you remember them." When the client has described a feeling state or pictures which came to mind, the interrogator may encourage the client to "trace" the movement of the feeling, e.g., "Are you still feeling the same thing? Has it changed? When did it begin to change?" The interrogator encourages the client to talk about what it is the client likes about his behavior with the counselor as well as the behaviors he dislikes. The image the client maintains or wants to maintain about himself often is revealed during the interrogation session. The interrogator may gradually expand the field of recall into what may have been subtler dynamics, "What did you want the counselor to think or feel about you?" Generally, this last "mirror image expectation" seems quite a fruitful area for recall, although it is also a difficult area for some clients to deal with. Finally, the interrogator may also encourage the client to try to recall any fantasies he was having about the counselor, however momentary.

Client involvement in the interrogation process, then, develops around:

1. The client's feelings: their origin and development within the interview.

2. The client's thoughts: their origin and development within the interview.

3. The way the client sees himself. The things he likes, dislikes and fears about himself.

4. The way the client would like the counselor to see him.

5. The way the client believes the counselor actually does see him.

Thus the interaction between interrogator and client is structured to enable the client to become aware of his behavior in relating to the counselor.

Training Interrogators

Generally, prospective interrogators are recruited from among competent clinicians. They are given the following experiences: First, after the rationale, function and techniques of interrogation are explained, various videotaped interviews are played. The interrogator is asked to identify places in the interview where he might encourage a subject to stop (assuming that the subject did not stop at those points by himself). He is asked to explain why he chose to stop at that point and what he might ask the subject at that point. Efforts are made to develop the trainee's sensitivity to specific cues which assist the interrogator in recognizing verbal and nonverbal communication which might be effectively used in the interrogation session. They are taught that: abrupt shifts in theme during the interview; shifts in body posture; changes in voice level, tone or pace; use of vocabulary which describes intense affect; changes in visual focus (especially glances at the counselor after the client has made a statement); instances in which either person clearly misinterpreted the other or appeared to not hear the other; possible use of metaphoric communication (e.g., "my counselor at school gets me angry"); inappropriate affect, such as a laugh following a serious comment; and similar cues may be indicative of heightened underlying emotionality and so are often productive times to stop the playback.

Next, each interrogator-trainee is shown films and videotapes demonstrating various interrogation sessions. He is encouraged to critique the tapes. He is then videotaped in a counseling session with a client of his own and is interrogated by one of the IPR staff. After another counseling session, he is given the opportunity to watch a member of the project staff conduct an interrogation with his client. Finally, the interrogator-trainee is paired with a second trainee and acts as an interrogator for this trainee's counseling sessions. They then discuss the interrogation sessions with one of the project staff. Throughout the training process, attention is called to the underlying assumptions of interrogation discussed above.

Variations in IPR Technique

We experimented with several variations of the basic technique. Some of these were abandoned, others used only for special purposes (as at a particular stage in counselor readiness) others which we only recently developed seem to have even greater potential for education and therapy than the basic techniques described in the several sections of this report.

General

One of the things that suggested itself to us was that if the recall permitted the subject to strip back his defenses, would not an IPR of the recall permit us to peel back additional layers. We tried this twice with one client, videotaping the recall session, then replaying it and interrogating about it. While this innovation yielded some additional insights, it did not prove as fruitful as we had assumed it would be.

One of our original concerns was in determining what the individual is thinking at given points. Recall is subject to various defense mechanisms, as is the original interview. It occurred to us that hypnosis might be used as a way of reducing the defensiveness of the individual during the recall phase of the process. This technique proved successful using the regular interrogation procedure. At other times, we used a variation besides the previously used post-hypnotic suggestion for the purpose of inducing client cooperation and insight during the recall period. To prevent entirely the possible inhibition which might result from the presence of an interrogator, we had the client (who was by this time quite familiar with the recall process) interrogate himself with no one else in the room. The results were quite spectacular in certain phases; indeed the subject seemed to be more frank than he had been in recall sessions using post-hypnotic suggestion, but with the interrogator present. Under hypnosis, recalled feelings were expressed more strongly than in non-hypnotic sessions; however, the essential nature of the recalled material is very similar in hypnotic and in regular interrogation sessions, thus lending some clinical support to the validity of the basic IPR technique.

Because of the variations in susceptibility to hypnosis and the precautions which must be taken in its use to insure the protection of the client, we did not consider this a technique which had very general applicability. We tried self-interrogation several other times without post-hypnotic suggestion, in each case using subjects who had been through the process at least twice so they knew what was expected of them. We judged the results to be almost, but not quite, as good as when using an interrogator.

We tried the process with third and fourth graders as well as adults. In general our feeling is that it is much more successful with older subjects who have the verbal means to communicate their feelings. The youngsters could tell us very little more about their internal state than was revealed in the original recordings. We are not certain whether this is due to a natural lack of insight into their internal machanisms at early ages, whether there is nothing that is not already made overt, or whether they lack the means to label and communicate their internal thoughts and feelings. Our inclination is toward the last of these three possibilities. Often recall could be successfully engaged in by asking these young people,"When else in your life do you feel the way you felt there?", instead of the usual, "What did you feel there?".

In the course of our work in counselor education[4] we observed that learning and practicing the role of interrogator seemed to help one become a more effective counselor. One variation, then, is now to encourage beginning counselors, at an appropriate stage in their learning, to serve as interrogators in recall sessions with the clients of other beginning counselors.

We found that it was possible for an interrogator to teach counselor and client how to engage each other in more open direct communication. The interrogator conducts a recall session of the client while the counselor remains present but in the back of the room, out of the client's field of vision. Gradually, the interrogator involves the counselor and "monitors" a new dialogue between the two so that counselor and client are encouraged to honestly talk to each other about their thoughts, feelings, and especially the meaning behind their various statements and maneuvers. Once the counselor has been involved in active participation in the recall process, the counselor and interrogator exchange seats at the interrogator's suggestion. This new openness seems to auger well for client growth under certain conditions.[5]

Simulation

One of the most exciting variations which we have developed combines IPR and simulation of interpersonal processes.[6]

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[4] See Section II, this report.

[5] See Section IV, this report.

[6] Resources for the development of Simulation in IPR were obtained from the College of Education. The work is relevant to the ideas considered in this report and so are presented here.

Our general impression is that this variation of IPR has much potential for a variety of educational and therapeutic problems.

The idea was developed after we had obtained enough evidence from controlled experiments to conclude that IPR can accelerate client growth in counseling,[7] and turned our attention toward the development of more potent methods.

Rationale

In an attempt to make the procedure more effective, we first analyzed limitations of the "traditional" IPR process. The extent to which there is recall material which lends itself to the identification of client interpersonal style or the solution of the client's problem depends largely on the quality of the counseling session. In some instances the counseling sessions are intense and contain a great deal of counselor-client interaction about matters of concern to the client, but in other instances the sessions may stay on the surface of a problem for some time and be very bland exchanges. In either case, during a counseling session the client usually is not face-to-face with threatening interpersonal relationships which are most difficult for him and so the recall session can not really deal with the full intensity of the client's difficulties in interpersonal relationships.

If a client was exposed to various kinds and degrees of emotional situations, if his reactions to these situations were videotaped, and after each such exposure he was given the opportunity to view his behavior with a counselor-interrogator via IPR, could not the counseling process be accelerated? Would not examples of the client's own reactions to a series of planned behaviors of another serve as a very potent stimulus for the exploration of client affect? It occurred to us that confrontation by the client with his own videotaped reactions to a series of planned behaviors of another might serve as a sort of microscope on the type of affect elicited by the particular behavior of the other.

The extent to which a set of stimuli can be determined which would permit interpersonal simulation across a large range of clients, is debatable. Are there certain basic emotions and certain basic relationships which repeatedly appear in a counseling situation? Our experience with the IPR process led to frequent observation of an approach-avoidance counselor/client dynamic, in which the client seems to both approach and retreat from psychological closeness with the counselor. We observed that at the same time clients were discussing with the counselor specific activities outside the counseling relationship, they were also experiencing two conflicting feelings about the counseling relationship itself. The manner in which these operate are usually expressed in the client's concerns that:

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[7] See Section IV, this report.

1. The counselor might hurt or reject him.
2. The counselor might make an affectionate or intimate approach toward him.
3. The client's own hostile impulses toward the counselor might emerge.
4. The client's own affectionate or intimate impulses toward the counselor might be expressed or acted-out.

These four basic elements of client/counselor interactions have seemed to us to be nearly universal, though of varying intensity across different dyads.

In the more successful IPR counseling experiences, the client usually becomes aware of self-behaviors which reflect both bids for and responses to counselor regard that is reminiscent of the client's past experience and typical of most of his interpersonal relationships. We therefore believe that the four dimensions listed above are a likely source from which to model a common stimulus for interpersonal simulation.

Procedure

The first step was to train professional actors to portray different types of affect with varying degrees of intensity, but to avoid use of words which indicate a specific situation or "story." Each actor was instructed to direct a particular emotion (rejection, affection, hostility, etc.) at an imaginary individual directly behind the camera lens so that the resultant image looks directly at the viewer. The actors were encouraged to be as individual in their interpretation as they would, i.e., they were not restricted to a written script but rather were told the kind of effect their behavior was to have on the viewer (e.g., directions given to the actor for one scene were, "We want the person you are talking to to feel as if he has done something terrible to you, you are frightened of him, yet can no longer restrain the hurt you feel. Don't specifically state what has been done to you, only that something has been done to you by the viewer which has been very destructive to you.") The vignettes portray aggression (both hostility and affection) and fear of aggression. Each of the four emotions is contained in from four to seven filmed scenes, which can be used as discrete entities although they do progress from mild to very intense degrees of feeling for each emotion. The four are:

1. Hostility--the emotions take an "I reject you," tone, progressing from a very subtle, tolerating tone in the first, up to an intense expression of hostility in four separate scenes.
2. Affection--this series of scenes proceeds from a warm, cordial acceptance to seductive overtures in five scenes.
3. Fear of Hostility--this series portrays "You've rejected me, you've hurt me," beginning with a mildly hurt reaction and culminating in a scene where the actor indicates he is completely emotionally devastated by something the client has said or done.
4. Fear of Affection--this series portrays "Please stay away, your overtures scare me," beginning with a smiling "no thank you" reaction and culminating in hysterical fear.

These films are shown to individual subjects who are instructed to imagine that the person they see is talking directly and privately to them. As the subject views the vignette, he is videotaped. (Photograph 5) In some cases we have also used wireless remote transmission devices to record a subject's physiological reactions are recorded on the same tape as is the client and the actor he is watching (Photograph 6). Thus the subject can see on replay himself, reacting to the "other," as well as a playback of what his bodily reactions had been during the simulated encounter (the physiological measure is usually recorded from an oscilloscope and appears as a white dot crossing the bottom of the T.V. screen).

At the conclusion of the simulation experience a counselor who is trained in interrogation enters the room; the videotape of the subject's reaction to the emotional vignettes is replayed, and client recall of his thoughts and feelings serves as a basis for a counseling session with the counselor-interrogator. (Photograph 7)

Subject Involvement

To date, three different series of films for simulating emotional situations have been developed and tested on subjects to observe extent of subject involvement.

Most subjects have had little difficulty in involving themselves with the actor, even when large groups have viewed the films in well-lighted rooms. For example, a male subject

Photo 5.--A filmed actor engages in threatening behavior with a client.

Photo 6.--Client and film are video-recorded. In this case, client's heart rate was also recorded (faint white dot below actors left forearm).

Photo 7.--Counselor and client watch replay. Switch in client's hand controls video tape recorder.

in his mid-twenties, viewing a "rejection" scene where the actor threatens to attack physically the viewer, talked to the screen, challenging the actor to follow through. Such involvement, followed by IPR sessions on their reactions seems to have enabled subjects to gain rapid insight into what is probably their typical reactive behavior to intense or threatening interpersonal situations, e.g., a teen-age female subject, viewing her reaction to a rejection sequence of scenes noted that, as the scenes became more intense in degree, she laughed, "At first I was mad--when he came on mild--but here I couldn't help but laugh. I've learned to do this with my Mom; whenever she hits me I sing or laugh to burn her up . . .If I tell people off, I feel guilty later, but if I just laugh at them I don't feel guilty." It appears that a client's reaction to intensive emotional threat thus "magnified" is not qualitatively different from the emotions he perceives frequently in the course of his daily encounters, and that analysis with the counselor of these reactions has important implications for the client's behavior outside the counseling relationship.

Initial case study results have suggested that confrontation with simulated reactions within the IPR process accelerated client ability to perceive, differentiate and gain insight into his reactions to others. It remains for more extensive research efforts to validate these observations.

Applications

Simulation and IPR experiences can be designed and used in a variety of settings and for different purposes[8] A school counselor might have materials which would enable him to "set up" and then counsel with a student about that student's reactions to demanding or irritable teachers or to pressures from his peers. Teachers might be helped by supervisors with relevant simulation materials to deal with the kinds of students who are of most concern or with whom the teacher is least effective.

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[8] In one application of these techniques, Hilliard Jason, and James Thomas of the College of Human Medicine and Norman Kagan of the College of Education at MSU, used actors who feigned various illnesses as part of a first experience in the doctor-patient relationship, for first year medical students. Each student interviewed four such patients" and then was interrogated and supervised during a video playback. Results have been most encouraging and the procedure is to be continued as a regular part of the medical curriculum.

Simulation in IPR has also been used in group counseling and seems to us to be a most effective stimulant to acceleration of group process. These specially-made films are played to a group and the group is videotaped. In the recall sessions group members usually relate their emotions and their reactions. Group members frequently recognize and discuss similarity between their fellow members' reactions to the actor and to the members of the group. In one group, for instance, a member said, "When he shouted at me like that, I just sat and grinned at him . . . ". Another member of the group interrupted him with, "You do that a lot--you have done it to me and it gets me furious at you." With some groups acceleration in group openness occurs immediately, in other groups acceleration is not observed until the session following the simulated experience. These observations should be evaluated by controlled studies.

These applications of the IPR technique give some glimpses of the possible variations in use. We turn next to a brief overview of the range of use in which we employed the technique in our explorations.

Applications Studies

It may appear that we started with a problem, devised a technique to meet the problem, ultimately found solutions to the problem as well as new understandings about some subtle dimensions of the problem, and now have a technique in search of new problems. There is some truth to this view. The cutting edge of knowledge advances in many ways in addition to that which textbooks tell us is the "approved" or "scientific" method. We have explored the possibilities of using the method in a variety of areas. Although our interest in the underlying dynamics of the counseling relationship persists, it has become only one facet in a much larger investigation.

We used the technique first in counselor education supervision. It seemed to have potential because the description of a client gives of his feelings not only is a much more accurate interpretation of the client's reaction to the counselor than the most advanced interpretation of the counselor-supervisor, but the client statement has creater credibility for counselors. When the client says, "He missed me there, he didn't understand at all what I was saying," this has a kind of finality and impact which the supervisor's hypothesized, "I don't think you understood him at that point," cannot have. Our analysis of the videotaped stimulated recall process suggested that the feedback process gave the client insight. We thus have studied the acceleration of counseling and therapy by IPR. The technique seemed to us an excellent tool for examining what goes on between teacher and pupil in a learning situation. From this we have learned something about learner strategies and teaching errors.

We have studied the meaning of non-verbal behavior by the technique. We have used the materials developed by the technique to devise a scale designed to measure the extent to which a subject is able to display empathy with the feelings of a variety of clients. From these examples and from the earlier discussion, it must be clear that what we have attempted to do is to determine the basic parameters involved in the technique, to determine ways in which the technique might be effective, and then to explore a number of the possible means of using the technique which seemed to exploit its various dimensions.

CHAPTER II

SUMMARY

Sections II through VI of this report describe the ways in which the potential of IPR was explored. Because these studies delved into a variety of disparate areas of education, a brief overview of each of the sections follows to help the reader find those which he may wish to explore.

Counselor Education
Section II

The potential of IPR for counselor education was apparent from the very beginning of our work. Learning how to achieve this potential took considerable time, effort, and careful analysis of initial failures.

Initial Study

IPR was used as an adjunct to an ongoing masters degree practicum and to a doctoral practicum. Three treatments were compared:

1. One group of counselors received the regular IPR method in which client but not counselor interrogation was conducted. Members of the IPR staff served as interrogators and as supervisors for the counselors. The counselor listened to an audio recording of the two hour recall session of his supervisor and his client and then watched an uninterrupted playback of the half hour interview. He then met with his supervisor for one half hour of supervision.
2. The second treatment was like the first, except that in place of a video tape recording only an audio tape recording was made of the original counseling session. Client recall with the supervisor was then also based on an audio tape rather than on a video tape.
3. The third treatment was the conventional counseling practicum in which the counselor records the counseling session on audio tape, listens to the playback and then receives supervision. Supervision was provided by the same IPR staff members as in the first and second treatment groups.

All three treatments were equated in training time; each student received three and a half hours of work per session.

Three of the nine practicum sessions were experimental.[1] All subjects received conventional supervision during the remaining six sessions. To balance interrogators across the treatments each student had three different supervisors or interrogator supervisors over the course of the three experimental sessions. A counselor effectiveness scale was developed to evaluate the relative effectiveness of the three treatments. It was based on other scales available in the literature. To provide for a comparable test situation across the students in all three treatments, a drama student was trained as a client. Segments of the video tapes of each student interviewing the "coached" client were submitted to a panel of judges. Three nationally prominent counselor educators judged these time segments using the counselor effectiveness scale. The results indicated that there were no significant differences among the three treatments, but there were among the three judges.

There seemed to be several explanations for the finding:

1. The scale showed very poor objectivity; the judges correlated .30 - .60 with one another.
2. Use of only three exposures to IPR and the elimination of the counselor recall session may have resulted in too weak a treatment.
3. The beginning students may have been rather brutally surprised at their video image and the counselee's comments on it.
4. Students may not have know what to observe in watching the video tapes and needed more guided observation.
5. The coached client, though an excellent actress, had a tendency to tell the counselor her "problem" no matter that the counselor's questions might otherwise have been ineffective.
6. The usual IPR procedure had not been previously used with beginning counselors. A readiness procedure could have been instituted, to help these beginners learn how to use the process.
7. A theoretical framework of the supervisory process based on counselor needs had not been developed and used by us as a guide for designing sequential stages in the education of a counselor.

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[1] A questionnaire follow-up study was made of the clients used as subjects in this experiment to determine the effect of seeing oneself on video tape. Some counseling center staffs have voiced concern that video self-confrontation may be a traumatizing experience, and have therefore hesitated to use the stimulated recall process. The results of our follow-up of cases suggest that this concern is not well founded.

Developing a Scale for Evaluating Counselor Growth

One of the major problems encountered in our first study was the unanticipated difficulty in obtaining an adequate criterion measure. We needed a scale which would be objective yet measure dimensions which are basic to effective counseling. It would also have to be able to differentiate between more and less experienced, competent counselors.

Examination of numerous video and audio tapes and of IPR recall sessions, review of recent literature and consultation with colleagues led to the development of a scale which met the criteria we had established.

Counselor Verbal Response Scale (CVRS).--The Counselor Verbal Response Scale (CVRS) consists of five forced choice dichotomous dimensions measuring the extent to which counselors are characterized by affective, understanding, specific, exploratory and effective responses.

The CVRS differs from other rating scales in that it focuses on a series of individual client/counselor units (client statement-counselor response) during the course of the interview rather than on global ratings of entire interviews or of longer interview segments. Thus, the judge is required to describe every counselor response to each client statement on each of the five dimensions of the scale.

Typically, 20 consecutive counselor responses drawn from the middle portion of the interview have been rated. Inter-rater reliability coefficients for each dimension of the CVRS range from .59 to .90 in several studies involving a total of 64 tapes.

In addition to this acceptable interjudge agreement, the CVRS was found to distinguish among doctoral degree level and masters degree level counselors as well as among counselors reputed to be competent and those reputed to be less competent.

A New Procedure in Counselor Education

The assumption that counselors face a series of developmental tasks during practicum around which supervisory techniques should be developed led us to the identification of four such tasks. These were:

1. To become aware of the elements of good counseling.
2. To become sensitive to and understand a greater amount of client communication.
3. To become aware of and sensitive to one's own feelings during the counseling session.
4. To become sensitive to the bilateral nature of the counseling interaction.

This identification of tasks led us to a revised IPR treatment which we then compared with a traditional treatment.

The revised IPR treatment consisted of four integrated stages designed to meet these developmental needs. In stage one (one session), the supervisor and trainee viewed a videotaped counseling session and, using the video tape as a stimulus, discussed the dimensions of effective counselor/client communication with the dimensions of the Counselor Verbal Response Scale serving as a point of reference. During the second stage (two sessions), the counselor held a 30 minute counseling session with a client; then watched as the supervisor conducted a 15-20 minute recall session with his client. After client recall, the supervisor conducted a 45 minute recall session with the trainee. During stage three (two sessions), each trainee in the IPR group served as interrogator, conducting the recall session with his partner's client. In the final stage (one session), client, counselor, and supervisor viewed the replay of the counseling session together with the supervisor encouraging the counselor and client to directly share with one another feelings experienced during the counseling session.

The initial stage of training was the same for both groups, ensuring a similar orientation for all counselor candidates. For the remainder of their practicum, the traditionally supervised counselors had one hour of individual supervision immediately after each of their six client contacts. The focus of these supervisory sessions was on helping the counselor (a) understand himself and his dynamics, and (b) understand his relationship with the client.

The experimental design is outlined in Table 2.16.

Table 2.16 Summary of the experimental procedures

	IPR Supervision	Traditional Supervision
Pre-Session	a) 30 minute initial counseling session between each trainee and high school client. The initial interview served as a measure of a trainee's counseling behavior at the outset of training. Trainees were matched on the basis of professional judges' ratings of their initial session using the total score on the Counselor Verbal Response Scale (CVRS) as the criterion and then randomly assigned to treatment groups. b) The supervisor and counselor viewed a pre-selected videotape counseling session between an experienced counselor and a high school client. The tape served as a controlled stimulus for a discussion of the dimension of counselor communication leading to client movement--using the dimensions of the CVRS as a point of reference.	

Table 2.16 (continued)

	IPR Supervision	Traditional Supervision
Session #1	a) 30 minute counseling interview with a high school client. b) 15 minute client recall with supervisor conducting recall session while counselor watched through one-way mirror. c) 45 minute counselor recall with supervisor.	a) 30 minute counseling interview with a high school client. b) 60 minute supervision using audio tape.
Session #2	a) 30 minute counseling interview. b) 20 minute client recall with supervisor conducting recall session which counselor watched through one-way mirror. c) 40 minute counselor recall with supervisor.	Same as Session #1.
Session #3	a) 30 minute counseling interview by Counselor A. b) 30 minute client recall conducted by Counselor B while Counselor A watched through one-way mirror. c) 30 minute counseling interview by Counselor B. d) 30 minute client recall by Counselor A while Counselor B watched through one-way mirror.	Same as Session #1.
Session #4	Same as Session #3.	Same as Session #1.

Table 2.16 (continued)

	IPR Supervision	Traditional Supervision
Session #5	a) 30 minute counseling interview. b) 60 minute client recall with supervisor and counselor conducting recall together.	Same as Session #1.
Session #6	------	Same as Session #1.
Post-Session	30 minute initial counseling session between each trainee and a high school client.	

We decided that counselor behavior cannot stand alone as a criterion of counselor effectiveness, even though the criterion instrument may objectively measure theoretically relevant dimensions of counselor behavior and may meet requirements of reliability and validity. Therefore, we also obtained data from clients concerning their perception of the nature of their relationship with the counselor. It was expected that the client's perception of a counseling relationship will vary directly with the effectiveness of the counselor in promoting that relationship as determined by the behavior he displays within the interview setting; that is, the better the counselor, the better the client-counselor relationship.

The Wisconsin Relationship Orientation Scale (WROS) is a five point rating scale with a score of one indicative of a minimum relationship and of five indicative of a maximum relationship. As the name implies, the WROS was not developed as part of our work. It has been used extensively in counseling research.

A _t_ test for paired observations was used to test for pre to post differences within each treatment group as a result of treatment and differences between groups after treatment. The IPR Counselor Verbal Response Scale and the Wisconsin Relationship Orientation Scale were used as the criterion instruments. The data from these analyses clearly support the hypothesis that IPR is the more effective of the two treatments.

Within the delimitations of the design, sample and criterion procedures, it is concluded that a method of supervising counselors has been developed which is significantly more effective than traditional supervision. The findings which led to this conclusion were replicated over different sample groups in each of three academic quarters. The criterion procedures involved both judge ratings and evaluation by clients.

Empathy
Section III

IPR methods provided us with a wealth of recorded behavior and recall information with which to understand better the meanings of the recorded behavior. The possibility occurred to us that such materials might help us in studying and measuring empathy, in better understanding counselor behavior and in predicting counselor success.

The Affective Sensitivity Scale

Affective sensitivity as used in this research refers to a person's ability to detect and describe the immediate affective state of another.

Initial Study

An attempt was made to develop and validate an instrument to test a subject's ability to identify the emotions expressed by another. The instrument developed consisted of video tape and kinescope excerpts from actual counseling interviews. Persons taking the test were asked to try to feel whatever emotions the client on the screen felt at the end of the excerpt. They then rated each of a series of several adjectives in terms of the extent to which each adjective described the feeling. Although each excerpt was chosen for inclusion in the scale because the recall indicated that emotions were being experienced by the client, correct responses to the items were established by using criterion groups. One criterion group was composed of subjects judged high in empathic regard by their colleagues or supervisors; the other criterion group was judged very low in empathic regard. These groups were shown the videotaped scenes and requested to select from a list of fifty-seven adjectives those adjectives most descriptive of the emotion which they felt when they tried to empathize with the video-taped client. The list of adjectives was reduced from fifty-seven to only those adjectives which tended to differentiate the high from the low empathic criterion group.

The instrument was then administered to fifty-three subjects for purposes of validation. A total of 65 of the original 280 items yielded chi squares significant at the 20% level. In order to cross-validate the results of the item analysis, the instrument was administered to another 88 persons enrolled in counselor education institutes.

Again using chi-square, only nine items were found to be significant. It was thus concluded that this scale did not differentiate between persons judged high and low in empathic regard.

Yet, the scale had high face validity. Why did it not differentiate among these subjects? Several possibilities occurred to us:

1. The soundtrack of the kinescope suffers from considerable lack of clarity. (Many of the criterion subjects had to use the kinescope instead of the video tape, because of the subject's geographic location.)
2. The adjectives, without qualifying phrases, may have had different meanings for different people. It is possible that the use of phrases might be more specific and therefore give us more consistency of interpretation than the adjectives alone.
3. A key based on differentiating between criterion groups may be less appropriate than an accuracy key based on the client's own recall in the IPR protocol.

It appeared to us that the basic method had sufficient face validity to warrant further study.

The Development of a Multiple-Choice Scale to Measure Affective Sensitivity (Empathy)

The problem of this research was to determine if various types of multiple-choice items when used with the video tape or film scenes could better measure a person's affective sensitivity than had our first scale. As part of this research effort, the following subproblems were also studied:

1. A comparison of three methods of obtaining correct answers and distractors.
2. A comparison of the functioning of two different sets of items--one constructed to reflect the client's feelings about himself and the other constructed to reflect the client's feelings about the counselor.
3. The influence of poor sound quality on individual's abilities to respond accurately to the instrument.

The scale development procedures resulted in three types of multiple-choice items. The correct answers and distractors for each type of item came from different sources. Each item consisted of one correct answer about the client, and another referred to his feelings about the counselor with whom he was working. The items were integrated into three equivalent scale forms. The forms, accompanied by relevant scenes from actual counseling sessions on either kinescope or video tape, were administered to 8 sample groups. Each of these 8 groups consisted of approximately 30 individuals attending full academic year master's degree NDEA Counseling and Guidance Institutes.

Three item analysis procedures were carried out with the data from each developmental scale form using the criteria--total scale scores, peer ratings of counselor effectiveness, and staff ratings of counselor effectiveness. These and other statistical methods were used to investigate five hypotheses related to the major and minor problems of this study.

Results of the item analyses indicated that 32.6 percent of the 224 items in the developmental forms significantly discriminated (.04 level) between individuals scoring high and those scoring low on the scale forms. Fewer items were significant against peer and staff ratings, 6.7 and 9.4 percent respectively. Since 32.6 percent of the items were significant against total test score criterion, this suggested that these significant items could be used as a basis for further developing and refining forms of the scale.

Of the five hypotheses tested--two were accepted, one was partially supported, and two were rejected. The results were as follows:

1. The combining of the significant items from the developmental forms into a revised form would result in a scale with acceptable reliability in the area of .70 to .80.
2. The validity of a revised form consisting of the same significant items was partially supported. Seven of the sixteen correlations (r) calculated between total scale scores and the two ratings of counselor effectiveness (peer and staff) were significant (.05 level, one-tailed test).
3. Of the three different methods used to obtain correct answers and distractors, no one method was significantly superior to the others.
4. No significant difference was found between the items which referred to the client's feelings about the counselor and those which referred to feelings about himself or his predicament.
5. Showing the scenes of the instrument using video tape (better sound) resulted in significantly higher scores than showing the scenes using kinescope (poorer sound).

A revised form, Form A, was constructed using the discriminating items from developmental Forms I, II and III. To lower the average difficulty index of Form A, some items were partially and some extensively revised. The form was administered to 26 members of a master's degree NDEA Counseling and Guidance Institute at a Midwest university. The mean item difficulty was 36. The $K\text{-}R_{20}$ was .57. Of the total 86 scale items, 39 had Student's t values significant above the .20 level. A slightly negative correlation ($r = .02$) was found between scale scores and peer ratings of counselor effectiveness obtained near the beginning of the institute experience, but a positive correlation (r = .49) was found between scale scores near the beginning and peer rating at the end of the institute.

In reducing the difficulty level of Form A, many items had been made too easy, so that both high and low scoring individuals correctly answered them. It appeared that the negative r obtained between scale scores and peer ratings resulted from administering the peer rating at the beginning of the institute, before the students knew each other well.

From studying the results of item analyses calculated for the three developmental forms and Revised Form A, patterns emerged which permitted certain generalizations concerning the types of items which differentiated between high and low empathizers. For items which dealt with the client's feelings toward himself, high scorers were almost always attracted to correct answer statements which described strong feelings. Low scorers were drawn to distractor statements describing weak or neutral feelings. For those items which described the relationship between counselor and client, the distractors which contained negative statements about the client's feelings toward the counselor were usually the ones which attracted the low scoring individuals. These generalizations were used in constructing Revised Form B. Form B mainly consisted of the items which had worked well (discriminated between high and low scorers in Form A). Items which had not worked well in Form A but had in the three developmental forms were returned to their original content. Some items which had not worked well on any of the forms were revised using the generalizations derived from the study of the previously discriminating items. Revised Form B is made up of 89 items similar to the following:

Client 1
Scene 1

Item 1

1. I'm just a little confused, I always have trouble expressing myself.
2. I'm feeling glum at this point, kind of a sad feeling.
3. I'm groping and confused; I can't bring it all together.

Item 2

1. You're (counselor) trying to understand what I'm feeling, but I'm not sure you're completely with me.
2. You really understand me. I like that.
3. You're just not with me today. Please try.

Form B was administered to a variety of new sample groups referred to as Sample Groups I, J, K, L, M, N, O, P, and Q. The form was given to some groups on a pretest and posttest basis and to others only once. If it was administered only once and the group was a counseling and guidance institute, it was given near the end of the institute experience. The sample groups and the resulting K-R_{20}

values are contained in Table 3.13.

Table 3.13 Kuder-Richardson formula 20 reliability coefficients and other related data for seven sample groups[a]

Sample Group	Number of Subjects Pretest	Number of Subjects Posttest	Standard Deviation Pretest	Standard Deviation Posttest	Kuder-Richardson Formula 20 Pretest	Kuder-Richardson Formula 20 Posttest
J	34	27	6.71	7.35	.62	.70
K	31	31	6.37	6.97	.58	.68
P	50	26	8.02	6.08	.73	.53
I		27		6.39		.61
L		27		8.35		.76
M		24		8.83		.77
N		24		8.36		.76

[a] Data obtained from administering Form B to sample groups on only one occasion are listed in columns headed posttest.

A test-retest r calculated using Group P data was .75. A minimum estimate of scale score stability over a six month period was determined by calculating r coefficients between pretest and posttest scores for Groups J and K. The r values were .58 and .67 respectively. A K-R_{20} calculated for Group J-Q (a group of larger N created by combining many of the previously mentioned groups) was .74.

An item analysis and further internal analysis of Group J-Q's responses to the scale resulted in a mean item difficulty of 42, a mean item discrimination of 23, a mean point biserial correlation of 20, a standard deviation of 8.26, and a range of 25-74.

A number of validity studies were carried out with Form B. In a concurrent validity study, correlations (rho's) were calculated between therapist's rankings of group members' sensitivity to feelings expressed by others and members' scale scores. The resulting values are reported in Table 3.14.

Table 3.14 Spearman rank correlation coefficients (rho) calculated between therapist's affective sensitivity rankings of group members and scale scores

Group	N	rho
Q1	9	.35
Q2	9	.59
Q3	8	.64

When these values were added together and average, they were significant at the .01 level. Using the same sample groups correlations (rho's) were also calculated between scale scores and group members' average sensitivity rankings of each other. These values are contained in Table 3.15.

Table 3.15 Spearman rank correlation coefficients calculated between group member's average sensitivity rankings of each other and Form B scale scores

Group	N	rho
Q1	9	-.10
Q2	9	.51
Q3	8	.59

In a second study rho values of .32 and .28 were obtained between supervisors' rankings of doctoral practicum students' sensitivity to feelings expressed by others and the students' scale scores. When added together and averaged, these values were significant at the .06 level. With the same groups, rho coefficients of .31 and .32 were found between supervisors' rankings of group members according to counseling effectiveness and members' scale scores. When these coefficients were added together and averaged, they were significant at the .05 level.

A third study correlated scale scores with subscores of the IPR Counselor Verbal Response Scale (CVRS). The dimensions of the CVRS and the resulting r values were Affect .16, Understanding .26, Specific .18, Exploratory .28, and Effective .21. All correlations were positive but none were significant.

In a fourth study using three sample groups, a comparison was made between Form B scale scores and the two variables, peer ratings of counselor effectiveness and staff ratings of counselor effectiveness. The resulting r values are reported in Table 3.17.

Table 3.17 Correlation coefficients (r's) between Form B scale scores and the two variables, peer and staff ratings of counselor effectiveness

Groups	N	Correlations	
		Peer Ratings	Staff Ratings
I	27	.42*	
M	24	.17	.20
L	26	.32**	.28

*Significant at the .025 level

**An r of .33 was needed for significance at the .05 level.

In the predictive validity study, referred to earlier in the Report, an r value of .49 (significant at the .01 level) was found between Form A scale scores obtained from group members at the beginning of an institute experience and peer ratings of counselor effectiveness obtained seven months later.

To determine if the scale is more effective as a predictor of high or low peer rating, a median and quartile analysis is presented from two sets of data (sample Groups I and L). A chi square calculated is presented in Table 3.19 and is 4.92, which is significant beyond the .05 level (chi square value of 3.84 is significant at the .05 level df = 1). This chi square value was to be expected because a significant correlation for both groups had already been found to exist; however, the interesting aspect of this comparison is that there were few subjects in the low scale score, high peer rating category, and most of those who were, seemed to be included as "borderlines." To check this further, a quartile analysis was made. It was found that low scale score is clearly more related to low peer rating than high score is to high peer rating.

Table 3.19 Individuals from Groups I and L classified according to high-low Form B scale scores and high-low peer ratings of counselor effectiveness

		Peer Ratings	
		High 50 Percent	Low 50 Percent
Form B Scale Scores	High 50 Percent	18	13
	Low 50 Percent	6	16

Table 3.20 Individuals from Groups I and L with Form B scale scores in the top or bottom quartile categorized according to high-low peer ratings of counselor effectiveness

		Peer Ratings	
		High 50 Percent	Low 50 Percent
Form B Scale Scores	High Quartile	6	6
	Low Quartile	1	11

A construct validity study was done using two sample groups to determine if individuals' Form B scale scores would increase during a counselor education program. The time interval from pretest to posttest was six months. The results of this study indicate that statistically significant growth, though small (+3.00 points), had occurred.

Table 3.18 Data resulting from the administration of Form B on a pretest and posttest basis to Sample Groups J and K

Sample Groups	N	Pretest Mean	Posttest Mean	Mean Difference	*t* Value
J	26	51.35	54.08	2.73	2.21*
K	30	54.26	57.03	2.77	2.80**

*Significant at .025 level, one-tailed test (df = 25, *t* value of 2.06 = .025 level).

**Significant at .005 level, one-tailed test (df = 29, *t* value of 2.76 = .005 level).

To determine if increases in scale scores could be attributed to a practice effect, an additional group, Group P, was administered the scale on a pretest and posttest basis separated by a one week time interval. The mean change from pretest to posttest was a slightly negative, not statistically significant, -.12.

The following conclusions were reached after administering Form B of the Affective Sensitivity Scale to the various sample groups:

1. For most somewhat heterogeneous groups the reliability of Form B is above .70. This should include most groups of practicing school counselors and groups of individuals entering counselor education programs.

2. The procedures used in developing the scale, along with results from item analyses and other internal analyses of the scale, provide some evidence of the scale's content validity.

3. A low, positive relationship exists between scale scores and more subjective measures of counseling effectiveness. The average correlation obtained between these two variables across all studies was +.26, with a high of +.42 and a low of +.16.

4. A more substantial, moderate relationship exists between scale score and subjective measures of affective sensitivity. The average correlation between these two variables across all studies was +.38, with a high of +.64 and a low of -.10. This relationship and the relationship indicated in 3 (above) give an indication of the scale's concurrent validity.

5. A substantial relationship exists between Form A scale scores obtained at the beginning of a full academic year counselor training program and peer ratings of counselor effectiveness obtained seven months later. This indication of predictive validity must be regarded with some degree of caution until it is substantiated by similar studies using Form B.

6. Form B measures significant changes in individual's affective sensitivity associated with participation in a counselor training program.

7. Form B is unaffected by the practice effect often evident in procedures involving pretesting and posttesting using the same measuring instrument.

8. High score on the Affective Sensitivity Scale may be a necessary but not a sufficient condition for counselor effectiveness.

The relative absence of this sensitivity seems to relate more clearly to low rating by peers than high score does to high peer rating. This observation could account for the usually significant but low correlations found in several of the findings reported here.

9. Although the scale has some technical limitations it may well be an appropriate model for the development of more refined instruments.

Further Validation of the Affective Sensitivity Scale

Another study using the Affective Sensitivity Scale involved an attempt to test the instrument's sensitivity to short intensive group experiences.

The Affective Sensitivity Scale was given pre and post to fifty-one subjects attending a ten-day "t" group laboratory experience. The mean score on the pretest for all participants who completed both the pre and posttest during the "t" group experience was 47.31. The mean score on the posttest was 49.45. A _t_ test for correlated means was computed to determine whether the means of the pre-post group differed at the .05 level. A _t_ ratio of 2.008 with fifty degrees of freedom is required for significance at the .05 level. The computed _t_ was 2.41 which was significant beyond the .05 level. This indicates then, that the mean score for the fifty-one participants did differ significantly from pretest to posttest and that the Affective Sensitivity Scale is in fact responsive to changes in affective sensitivity associated with intensive group experience.

The group laboratory had been divided into six "t" groups, and further analysis of data was done to determine whether differential changes occurred among the six groups. Statistically significant differences among these groups were found.

Finally, the K scale of the MMPI was given to the total group following the administration of the post Affective Sensitivity Scale. A positive correlation ($r = .41$) existed between the post Affective Sensitivity Scale and the K scale. A high score on the K scale has been found to be positively related to openness on the Rokeach Dogmatism Scale, high self acceptance and adjustment on the Bill's Index Scale. Also, the K Scale typically rises after successful therapy. This correlation then, which was significant beyond the .01 level offers some additional concurrent validation of the Affective Sensitivity Scale.

In yet another study on scale validity, the instrument was given to music majors and engineering majors at MSU, based on the "folk knowledge" that art or music majors are more sensitive and empathic than engineering or chemistry majors. Based on a relatively small sample, it appears that there are significant differences between Freshmen or Sophomores, and Juniors, Seniors and Graduate Students majoring in music. The more advanced groups of music majors score significantly higher on the Affective Sensitivity Scale than do beginners, suggesting that those students who continue to major in music at Michigan State University beyond the sophomore year improve in their affective sensitivity; or else, there is an attrition rate which tends to eliminate those students whose affective sensitivity is relatively low. No such change is noted between beginning and advanced students in engineering, suggesting that neither the program nor the attrition rate in engineering is related to affective sensitivity.

Significant differences do exist between advanced engineering majors and advanced music majors. This seems to provide some further information about the validity of the scale

Prediction of Counselor Success

The Affective Sensitivity Scale was administered to a full-year NDEA Guidance and Counseling Institute before and after their year long experience. As part of the usual Institute testing program a series of other tests were also administered early in the year.

At the end of the year peer and staff ratings were obtained as in our other studies. Our earlier chi square data on the predictive meaning of low scale score was again supported, but this time high scale score was related to success almost as well as low scale score was to failure.

The Affective Sensitivity Scale given at the beginning ot the year had a correlation of .43 with peer ratings at the end of the year and .52 with staff ratings at the end of the year. By adding to the Scale certain sub-scales of the Strong Vocational Interest Blank and of the NDEA Comprehensive, the predictive correlation rises to .78 with staff ratings. Naturally, replication with other such groups is needed to support or refute this finding.

In general, our efforts to develop an instrument to measure empathy, defined as affective sensitivity, have resulted in a scale which seems to have adequate reliability and validity for a research instrument of its type.

Dimensions of Empathic Judgment

As an "off shoot" on the emphasis of developing a scale of empathy, a second effort was undertaken to further understand the variables operating on subjects as they view the film.

In a pretest, expert clinicians were asked to view all the scenes and to tell us, in interview, not only what the client's principal feelings were, but also how difficult it was for the expert to identify the client's feelings. This pretest thus enabled us to identify and then isolate a series of scenes of differing degrees of difficulty. An array of scenes was then dubbed off the master videotape in order to represent a continuum of difficulty from easy to hard. An attempt was also made to have different types of feelings of clients represented. The selected scenes were then administered to other advanced clinicians. A three section scale was constructed to accompany the film. The three sections are: (a) items which describe the client's feeling for which there is one most correct response (as indicated in the "old" Affective Sensitivity Scale); (b) a measure of the difficulty perceived by the subject in deciding what the client's principal feelings are; and (c) a set of 30 adjective-opposite scales which attempt to map out the principle dimensions of empathic perceptions by the clinicians. The same scale was then administered to a group of beginning counselors. The judgments obtained by means of the 30 attributes enabled us to determine whether there are attributes or general dimensions or clusters of clinical responses to clients across different types of problems and at different levels of difficulty.

For the expert clinicians four factors emerged. In making judgments about the client, expert clinicians used four independent clusters of adjectives which we have labeled: (1) Dependency (2) Avoidance (3) Anger and (4) Apprehension. We expected that the group of beginning counselors would use dimensions somewhat related to those used by the experts. What we found, however, was nearly replication of the experts by the neophytes!

We then used accuracy scores from the Affective Sensitivity Scale items to separate the beginners into a "high" and "low" empathy sub-group. The high group was very similar to the experts but the low group seemed to fail to "differentiate" well between the dimensions Anger and Apprehension.

These findings tend to support our speculations[2] about the nature of interpersonal perceptions.

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[2] See Chapter III, this Section.

Acceleration of Client Progress
Section IV

In using IPR, we observed that the process appeared to accelerate counseling, oftentimes dramatically. It appeared to disrupt impasses and plateaus which hinder counseling or psychotherapy progress. Prior to embarking on definitive studies to confirm these observations, it was important to explore first IPR in several formats and with a variety of client types to determine its potential.

Case Studies and a Criteria of Growth

Among the clients chosen were a relatively normally functioning adolescent girl; a schizophrenic, alcoholic, high school age boy; a male college student who was having difficulties with his college courses as well as in establishing satisfactory relationships with others; a married woman who suffered frequent anxiety; and a middle aged couple with marital concerns.

Clients were selected and the format of their IPR sequence varied so as to provide possible answers to six questions:

1. Is it possible that the most important variable in the IPR process, one which really has the most influence on client insight, is neither the television image nor the immediate playback, but the role played by the recall worker (interrogator)? Is it possible that because the interrogator probes more actively, confronts more bluntly and questions more freely than did the counselor that this is the real "uncovering" agent in IPR?

A severely disturbed high school age boy was already involved in an extensive series of therapy sessions. His therapist's approach was highly probing, direct, and interpretive. The interrogator's approach was "mild" compared to the therapist's.

Nonetheless, IPR seemed to be highly productive according to the self report of both client and therapist as well as independent ratings by 19 observers who were unaware that IPR had been interjected into the series of therapy sessions.

2. How valid are the insights obtained during recall? Is it not possible that the client's apparent productivity is merely a reflection of his desire to please the interrogator and simply a different kind of rationalization process.

Hypnotic procedures were used. Without an interrogator present, the process still worked well.

3. Would the process continue to work over a period of time with a sohpisticated and mature client? Would the potency of the process wane with consecutive exposure?

Case study data suggests the potency increases with successive applications.

4. If a close relationship is established with the recall worker as well as the counselor, is it not possible that the combined impact of both serving as counselors is the effective agent rather than the video confrontation?

A different recall worker was deliberately introduced for each new session with a client, so that the opportunity to build a relationship with one recall worker was not possible. Despite this continuous interjection of new recall workers, the client seemed to gain and continued to return for further IPR counseling.

5. Is there any way in which natural or indigenous relationships could be used as the "focus" for the recall interview? Would it be productive to videotape, for instance, mother and child in relationship, or would it be possible to encourage husband and wife to interact before the cameras?

Case studies indicated that IPR had potential in these areas.

6. How important is it that playback be immediate?

With two of the cases delayed recall was studied. In both cases, a greater detachment by the subject was observed, very much of the same sort that Nielsen (1964) observed. That is, there was a tendency to perceive the videotaped image as an "older" self--a self that once was, but no longer is. The potency of the delayed replay for stimulating insight and detailed memory seemed lessened.

In order to recognize evidence of acceleration in the case studies, we needed to establish criteria or characteristics which would enable us to evaluate counseling progress. After an extensive review of the literature we identified four characteristics of client growth which were to be found in nearly every counseling or therapeutic point of view of client progress. The four are summarized as:

1. The client owns his discomfort--admits the feeling of discomfort and begins to specify the locus of concern, fears, and discomfort.
2. The client commits himself to change--cooperates rather than resisting the efforts designed to help him change.
3. The client differentiates stimuli--learns to perceive more and more of the stimuli surrounding him--reacts to these as realistic differentiated items rather than as stereotyped factors.
4. The client behaves differently--reporting new behaviors outside the counseling relationship as well as trying out new behaviors with the counselor.

Case studies illustrate changes apparently attributable to the IPR experience in all four of these characteristics. In all instances some evidence was available in the protocol itself; however, characteristic four could only be directly observed as it involved new behavior in relation to the counselor, or in the pre-marital counseling case, in the relation of the two clients to each other. Changes outside the counseling situation had to be inferred from the client's self-reports.

A research model was next devised which would permit the relatively rapid evaluation of the potency of new techniques to accelerate client growth. The model is based on evaluating client growth within a series of counseling sessions. Control and placebo treatments were also incorporated.

Acceleration in Short-Term Counseling

Study I.--In an attempt to determine the effects of IPR in promoting client movement during counseling, a controlled experiment was undertaken at the State Prison of Southern Michigan at Jackson, Michigan. In the initial design the traditional IPR format of interview followed by client interrogation was used. Each prison counselor conducted five, one-hour, counseling sessions with a single client. The first fifteen minutes of each session were videotaped. Following one of the five sessions (selected at random) the client was interrogated by a member of the IPR staff. When each counselor had completed his five sessions, each of the five videotaped interviews was viewed and rated by the prison counselors.

Two scales were used by judges in rating the videotapes. The first required the judges to rate clients on each of five dimensions related to client progress in counseling:

1. The client's ability to gain insight.
2. The strength of the client's defenses.
3. The client's ability to experience feeling
4. The client's ability to relate to the therapist.
5. The overall therapeutic relationship.

The second scale required judges to rate clients on each of the following characteristics:

1. The client owns his own discomfort.
2. The client commits himself to change.
3. The client differentiates stimuli.
4. The client behaves differently.

Thirteen counselors were involved in this study and at completion 65 fifteen-minute sessions had been videotaped. Analysis of the data indicated no significant differences in client behavior following the IPR session.

Study II.--Because there was no one-way vision screen at the prison, counselors could not observe the content of the interrogation session and depended on an audio recording of the interrogation to gain the necessary client feedback. Unfortunately, this created problems: in some cases, counselors may not have listened to the interrogation tape prior to their next meeting with the client; in other cases, apparently the audio alone had failed to communicate to the counselor, or the counselor was not able to recognize the implications of the recall session for his own next sessions with the client. In any event, in the session following the IPR session, it sometimes appeared that the client had made gains but that the counselor continued his old line of questioning unaware of the client's readiness to delve deeper. As a result of this problem, a variation of the basic IPR format was devised. Instead of leaving the room, the counselor sits in with the client and interrogator. The interrogator asks the usual questions about underlying feelings and the counselor is encouraged to join in at will. At the end of such sessions,the counselor and client appeared to be communicating with each other at greater depth and were reluctant to leave the studio. The interrogator left, and the counselor and client engaged in what was clearly a productive session. The videotape made of this session seemed to reflect not only client growth but counselor growth as well.

A second study was undertaken in which this technique of mutual recall was used. Each counselor held three fifteen-minute counseling sessions with a single client, with a half-an-hour break between each session. Following either the first or second counseling session, the client and counselor were joined by a member of the IPR staff who served as the interrogator in the recall session. When each counselor had completed his three sessions, each of the three fifteen-minute interviews was viewed and rated by prison counselors. The results of these ratings are reported in Tables 4.1 and 4.2. A _t_ test for paired samples was used to compare differences in client behavior after the IPR recall session and after a placebo treatment which consisted of no T.V. but a discussion between client and interrogator about the meaning of client's relationship with his counselor.

Table 4.1 Comparison of mean change in client behavior along five dimensions after IPR and after placebo sessions

Dimension	Change After Placebo Session	Change After IPR Session	t ratio
1. The client's ability to gain insight	.22	.69	2.61*
2. The strength of the client's defenses	.24	.61	1.54
3. The client's ability to experience feeling	.26	.69	2.05*
4. The client's ability to relate to the therapist	.28	.64	1.89*
5. The overall therapeutic relationship	.27	.71	2.00*

*Significant at the .05 level

Table 4.2 Comparison of mean change on four characteristics of client growth after IPR and after placebo sessions

	Change After Placebo Session	Change After IPR Session	t ratio
1. The client owns his own discomfort	.07	.57	2.17*
2. The client commits himself to change	.15	.52	2.31*
3. The client differentiates stimuli	.24	.46	1.47
4. The client behaves differently	.21	.71	1.52

*Significant at the .05 level

As indicated in Tables 4.1 and 4.2 significant client growth is associated with a modified use of IPR but not with a placebo treatment.

Comparison of Two IPR Techniques

An additional study was done, this time with college age students at MSU, in an attempt to determine which technique, regular or mutual recall, is the more effective accelerator of client growth. Instead of a simple answer to the question we obtained evidence to support the following conclusions:

1. Many counselors and therapists are unable to engage with a client in an open, honest examination of their here-and-now relationship. These counselors are more likely to effect client growth after participation in an IPR mutual recall session. In such experiences these counselors seem to learn to use their relationship with the client as valid and useful content for discussion.

2. For counselors and therapists who are able to freely engage clients in examination of the counselor-client relationship, mutual recall has little to offer; but, regular IPR can give these counselors new objectivity and the likelihood that they will learn some new facet of the client's behavior through review of the taped session between the client and interrogator.

Nonverbal Behavior and the Communication of Affect
Section V

Of the many areas in which we are using the IPR process, the interpretation and understanding of nonverbal behavior is the one which seems most penetrable by this technique. IPR, through recording this behavior as others see it and then obtaining the individual's own interpretation of his behavior, proved to be a highly useful technique. Since our earliest use of the IPR process for counselor education, we have continually observed that clients frequently interpreted the meaning of their various body movements and so added a surprising amount of supplementary information to what was observable on the videotape. Those of the staff who were counselors became more sensitive to clients' nonverbal behavior as a result of engaging in the IPR process. Although some clients were unable to interpret their nonverbal behavior directly, most were able to describe the feelings they were having at certain times during the interview when nonverbal behavior was being enacted. Experienced interrogators learned to encourage clients to stop the playback at these times. They had learned to use the signs of significant nonverbal behavior such as sudden shifts in body posture, changes in facial expression, hand movements, or leaning forward or backward, particularly as these were associated with the introduction of a new verbal content by either the counselor or the client.

Some of the behaviors we observed appeared to be well within the awareness of the client, and others were not. Some behavior seemed to be deliberate, others unconscious. The problem became one of determining the domains within which a given nonverbal behavior had a common meaning whenever it was displayed. We wanted also to learn something about the extent to which gestures have common or unique meanings, when gestures have one or another meaning, and what persons and under what circumstances nonverbal behavior follows a common idiom, and where it is individualized.

Typologies

The studies conducted through the years gave us a wealth of interpreted videotaped behavior. Content analysis of these materials enabled us to establish two typologies into which the different kinds of behaviors could be categorized.

The first typology was derived largely from counseling sessions but was so designed as to permit categorization of nonverbal behaviors across a wide spectrum of activities. It included both cognitive and affective elements. The second typology was designed to facilitate categorization and interpretation of only those nonverbal behaviors which were of most concern to counselors.

The first typology (Table 5.1) was based on two dimensions. One was the subject's degree of awareness of his behavior; there were three levels along a hypothetical continuum of awareness; unaware, potentially or semi-aware, and aware. A second meaningful dichotomous dimension was whether the behavior was associated with covert affective content or overt (stated) content. Using the two continua of awareness with its three sub-divisions, and of affect-versus-content, a two by three table was constructed. Each of the six resulting cells was then defined in terms of the purpose of the behavior: emphasis, facilitation, portrayal, revelation-aware, revelation-unaware, and affect demonstration.

Table 5.1 summarizes the typology which emerged. Examples of each of the various types are presented in the section of the report on nonverbal research.

Table 5.1 Typology I: Degree of awareness of behavior

		Unaware	Potentially Aware	Aware
SOURCE OF BEHAVIOR	CONTENT	I. Emphasis. Gestures of shortest duration accompanying particular items of verbal content; function is emphasis.	II. Facilitation. Gestures of brief duration accompanying verbal content, serving the function of facilitating clear communication	III. Portrayal. Gestures intended to portray or give example of the topic of verbal content; duration directly related to content
	AFFECT	VI. Revelation - unaware (unconscious) Unconsciously motivated body motion related to feelings	V. Revelation - aware (conscious) Unconsciously motivated gestures revealing some degree of tension; client is aware of body motion but neither intends nor suppresses it	IV. Affect demonstration (conscious) Intentional demonstration of feeling on client's part.

Table 5.2 Typology II:

Level of Affect	Relationship between statement and nature of affect Congruent	Distorted	Denied
High	3	6	9
Medium	2	5	8
Low	1	4	7

Statement defined here as the planned or deliberate message the behavior tries to convey--including the verbal content, the deliberate use of nonverbal gestures, and the deliberate use of voice quality, but not including such "non-intended" behaviors as slips-of-the-tongue.

Affect level the intensity of the body state--physiological tension or excitement, whether labeled by the subject or only vaguely perceived.

Nature of affect type of emotion perceived, e.g., anger, fear, etc.

The second typology (Table 5.2) consists of three elements all of which relate to affective states or feelings. One element is the nature of the affect (anger, fear, boredom, etc.) another is the level of intensity of the affect; and the third is the statement. The resulting typology is based on the state of congruity between the nature of the affect and the statement, and the intensity of the affect.

Several relationships were found between the nonverbal components of behavior, and their relationship to these typologies. In generating such clinical observations we often used deaf people to serve as informants.

Facilitating Research

We next sought to investigate the usefulness of Typology II to help in generating research hypotheses and implementing collection and analysis of data.

The problem investigated concerned the variability of nonverbal behavior within a society. We sought to gather data which would add to knowledge about the extent to which increased acquaintance with a subject helps one to better judge that subject's behavior.

Actors were rehearsed and videotaped as they enacted scenes which had been created to depict various cells within Typology II. These videotapes were then shown to four groups of judges under the following conditions:

1. Random condition. The order of scene presentation is rotated across actors and scenes. This condition was designed to inhibit the formation of familiarity with any of the actors.

2. Sequence condition. This condition is designed to offer the sample maximum opportunity to gain familiarity with a given actor. This familiarity is promoted in two ways:

    a. All scenes performed by a given actor are presented together in succession.
    b. Preceeding each scene sequence by a given actor, there is a 2 to 3 minute introductory scene where the actor is asked questions concerning his general likes, and dislikes (example: "What makes you happy?" "What do you like most about other people?", etc.).

3. Without sound, random. As above, but no sound.

4. Without sound, sequence. As above but no sound.

One hundred and twenty-nine undergraduate students majoring in English, education and counseling served as judges. They were randomly assigned to observe the tapes under one of the four conditions, and to judge each scene according to level of affect and degree of congruity.

Judges' ratings were scored for accuracy and comparisons were made. Judges scored significantly higher with audio than without but did not score higher in the sequence than in the random condition. This provides some support to the speculation that nonverbal behaviors do not become easier for one to judge when one is better acquainted with a person. The study does not offer conclusive proof, but indicates:

1. the typology has use in research, and
2. the possibility that nonverbal behaviors are not idiosyncratic to individuals but rather that they are common within societies.

The Use of IPR in the Study of Teaching-Learning
Section VI

Most previous studies of teaching-learning have been made of group reactions to teaching situations. The IPR process provided a means to examine what was occurring in the individual student at various points in the learning process. We examined the student's strategy of learning, the teacher's strategy of teaching, the relationship of the two, and the impact of other variables on the teaching-learning process.

First, pilot studies were carried out to explore two general questions:

1. In what ways is the IPR technique useful in examining the teaching-learning process?
2. What aspects of the process does IPR reveal?

From these studies we derived a concept of learning strategies; this lead to the development of an instrument measuring these strategies and to a series of studies relating this instrument to other learning concepts and behavior. Our most recent studies were an attempt to change learning strategy extremes.

Pilot Studies

The first pilot studies confirmed the value of IPR as an investigative technique. We observed such phenomena as the teacher's inability to concentrate simultaneously on the student, the instructional media (e.g., the chalkboard) and his presentation, all at the same time. The IPR process gave us information on the strategy students used in listening to presentations as well as insight into the nature of their affective responses. We observed the teacher misreading cues from the learner, the learner's affective reactions as they interfered with learning, and further verification of a "tuning out" or "field detachment" phenomenon observed in the nonverbal studies reported earlier. The importance of affective behavior was repeatedly observed in the IPR protocols. In some instances affect facilitates learning by motivating the student; in other instances it decreases effectiveness by reducing the scope of the perceptual field. We found that self-reported strategies of learning as gathered by a paper and pencil test had a relationship to the behavior which the individual displayed while participating in an instructional session.

These studies led us to hypothesize that as teachers develop an instructional style, they go through stages which permit them to become increasingly aware of the instructional situation and its potential. Attuned at first to what he himself is saying and where his presentation is going, the teacher is gradually more able to perceive how the student is attending and what he must do to maximize the student's involvement and learning.

Results from these IPR pilot studies yeilded useful information about learning strategies, teaching strategies, attending behavior, note-taking behavior, the role of affective responses in learning and the role of feedback in learning.

Learning Strategies

A Learning Strategies Questionnaire (LSQ) was developed which identified an individuals' learning style on a focus-scan continuum. A series of studies was conducted relating learning strategy (scores on the LSQ), to learning behavior and to other learning concepts. Learning strategy was found to be normally distributed. Results were obtained indicating that a scanning strategy was more effective than a focusing strategy, and an inverse linear relationship was found between focusing strategy and academic achievement. Focusing was found to be negatively related to a test of psychological differentiation (Witkin) and positively related to the Educational Set Scale (Siegel).

Changing Learning Strategy

A focusing strategy had been found to be related to poor academic achievement. We conducted a controlled study attempting to help students who were focusers to learn to use scanning techniques. We were successful in changing LSQ scores with the experimental treatment, but no changes were found in academic achievement or ratings by judges of subject's behavior.

In the course of these studies, we continually were impressed with the influence of affective components on learning behavior. Focusers, as a group, were observed to be withdrawn, hostile, and uncommunicative. The individual's self-concept, as well as his perception of the role played by the instructor were also found to be basic elements in the learning process.

CHAPTER III

ARGUMENT

Introduction

IPR technique enables the examination of broad interpersonal patterns rather than narrowly delimited data. Because of this, even our most embryonic theoretical constructs appear heroic in their dimensions. In this Chapter we share with the reader some of our observations and the arguments we are developing in an attempt to understand and explain them. In the interest of space, no attempt is made to relate our arguments to extant theory, but we recognize that some of the constructs we list have undoubtedly been explicated elsewhere. Unless otherwise noted, our observations were made of "normally functioning" adolescents and adults.

Interpersonal Communication

The ability of counselors, whether experienced or not, to accurately perceive and understand the most subtle communications of clients was at times remarkable. Counselors recognized not only when clients were covering up underlying affect but often could spell out the specific nature of the affect. This ability was not a function of the counselor's training, for clients were often equally skillful and very accurately identified counselor feelings on the basis of very little evidence which was apparent in the interview. (Client during recall: "Right there I remember feeling that he (counselor) was bored with me.) (Counselor, simultaneously, but in other recall room: "She's talked of that before--I'm getting tired of it.)"

Beginning counselors often appeared to their supervisors as if they had failed to understand a client's concerns. On recall, the counselors revealed that they had recognized these as well as the supervisor had, but were unable to act on their perceptions; the clients were often aware that the counselor had perceived but did not act on the client's communication. We believe that the ability to understand the total communication of another may be basic to normal functioning within a society, and that distortions in understanding serve special needs.

It is argued that in the process of growing up, we do learn to "read" subtle cues in order to satisfy our needs within the environment (when not to approach mother, to challenge teacher, etc.) These cues are learned by the child and then used by him to communicate to as well as to understand others.

Counselors do receive messages from the physical demeanor of the client and interpret the total message. For instance, a client smiles as she talks about her girl friend, but betrays some sign of tension. The total message is, "I tell you things are fine, but my nonverbal behavior tells you that I do not wish to pursue the matter." (See Section V, Chapter II)

Counselor Distortions

When asked about the risks to them of interpretation to the client, counselors voiced personal concerns and fear that the client might become angry at the counselor, or the client might cry and the neophyte counselor would then be made to feel that he had "made her cry" and he was not eager to race the guilt this would evoke in him.

Some counselors missed client communication regularly because of a readiness on their part to distort. Most often, this took the form of the counselor's anticipated rejection of him by the client. Client discomfort or fearful resistance was often misinterpreted by these counselors as client hostility, unwillingness to cooperate, and eagerness to show up the counselor as inept.

Preoccupied with his own thoughts about his image or about the possible threat from the client, neophyte counselors often were so wrapped up in their own thought processes and in planning their next moves or statements that they often literally did not hear some of the clients comments and even more frequently did not concentrate on what they were hearing enough to understand. Thus, on recall many students were shocked to listen to what their client was saying, often hearing words for the first time.

On occasion, client communication was missed because a client genuinely did not wish to reveal himself at all. We saw this happen often enough to speculate that if a client does subtly reveal an underlying emotion, it is because the client wishes to do so ; that, people have the ability to successfully feign what they don't feel if they so chose.

One of the most subtle forms of client communication which counselors often missed was the use of metaphor. The words the client chose in presenting what appeared like intellectual material frequently represented metaphoric communication of a troubling fear. High school students revealed their concerns about their own intelligence by talking about the "stupid" school. They revealed their anger toward adults and the counselor by describing teachers or others with hostility-laden words. A discussion of his boredom in certain classes in school often was the client's metaphoric communication that he was bored by the counselor. Flirtatious clients, however subtle the flirtation may have been, were the most threatening to the beginning counselor and often friendly overtures on the part of the client were misread as flirtation by the counselor.

Client Distortions

The client comes to the counseling relationship with a set of expectations about how he will be received and dealt with. For instance, a young adolescent client was concerned that, "He (counselor) thinks I'm dumb and I don't want him to think that." An adult client says, "I want the counselor to think well of me... I don't want to sound like a little girl, but I'm afraid I will." Frequently, during the recall session, clients became aware of the underlying unreality of their anticipations. "I know he really doesn't dislike me and wouldn't walk out on me, but in the feeling area it's there," or "There's no real reason why I should be angry with the counselor . . . he didn't do anything, but that's what it felt like." "I don't know why I think he doesn't like me... I just think that he doesn't, he hasn't done or said anything." We have found that none of these clients— adolescent or adults— entered the counseling relationship as "a blank page," i.e., with an open mind. Each brought his own road map of anticipated evaluation, attitudes and probable responses which he imposed onto any and all interpersonal terrain. We observed no consistent difference among counselors based on sex or age. Clients were able to "predict" before the counselor entered the room, or immediately afterward, just what it was that the counselor would think and feel about them and how they would react in turn. It is as if the Freudian concept of transference does not develop between individuals over time, but is brought into play instantly. People anticipate what the other's perception of them will be, and seek evidence however flimsy, which supports the expectation.

IPR protocols suggest that these anticipatory attitudes are generalized throughout interpersonal relationships. Thus we did not see evidence that the male counselor reminded a client of the client's father, mother, uncle or other significant person, but rather that the client anticipated that any person would view him in a certain way and that he would then respond in his own typical ways.

Certain client themes which are listed below seemed to be repeatedly revealed during recall. In each theme a different "reason" is offered but fear of self or other seems to be basic to all. (In each theme "you" refers to the counselor.) In all cases the interrogator was probing the reasons for clients' resistance to cooperation with the counselors.

"I am not really certain about the 'names' I occasionally call myself--I am often able to tell myself, 'no, it really isn't true because . . . '. But if I lower my guard and really let you know me, what if I hear from your voice the 'names' I call myself? Then I wouldn't be able to deny them. Somehow to hear you say it would mean that it is indeed true and that would be tough to take."

"If you know me without my defenses, I will be unprotected, you will somehow take advantage of my vulnerability. If I lower my own restraints--somehow I will hurt you."

"Unless I am careful you will come to see me for what I fear I am, you think I am smart, you think I am manly, you think I am secure, you think I am pure, you think I am strong but I know that I am not any of these, and I can't let you know."

"If you know me, you will leave me. This is my worst fear, that I will be left alone."

"I don't like to look at my own thoughts and feelings. I find them awful, so I lie to myself. If you look at me, I'll have to look at myself with you."

"Opening up about my feelings somehow (magically) means I must act upon them--that is, I do not really separate the thought from the deed and so somehow I must repress the thought for the deed would be heinous--my bad feelings are as bad as bad acts."

"Opening up about my feelings (warmth, anger, tenderness, irritation, etc.) somehow is equivalent to being bad, naughty."

"If I let you near me, that is if I communicate honestly with you, you will laugh at me."

"If I admit uncertainty, weakness, fear, you will think badly of me."

"I'm afraid if I'd begin to tell you about the things which go on inside me that I will leave you with the impression only of the negative--somehow I have a need, if I talk at all, to present the whole picture, the good and the bad, lest you get a one-sided view of me. You must see all or nothing. Since I cannot present all, I am afraid to present anything."

The very intimacy of such discourse was frightening. It seemed as if they wanted to be liked but fear that intimacy will leave them vulnerable. They want to tell the counselor and yet at the same time fear he will find out. They want to share and they want to hide. Thus, one adolescent girl wanted her counselor to know about her feelings toward her boyfriend and at the same time feared the counselor would find out about her feelings; she wanted the counselor to like her but feared that she was not lovable. Another client wanted to engage in honest discourse with her counselor and to express her real feelings toward him, but was frightened that his rejection would be devastating, if it came, so she just couldn't take the risk.

High school students talked about their abilities as compared with their friends or their skills or accomplishments--almost immediately they followed with a discussion of their faults. On recall they told us that they wanted to "tell" the counselor the truth about themselves but then were concerned that they may have sounded like show-offs, "I don't want him to think badly of me." Clients reveal intimate thoughts or feelings and immediately, often within the same paragraph, retreat to intellectual content. On recall they told us, "I told him too much."

In relating with the counselor, clients appeared to have need for honest openness, intimate emotional contact, and yet feared it. Typically, fear seemed to center around fear of what the counselor would do or think about the client, but the client may also fear his or her own potential for harming the counselor--"I don't want to hurt his feelings."

Fears about revealing oneself, about sharing one's feelings, aspirations, weaknesses with the counselor seem to thus center not only on dangers from the other, but dangers from oneself to the other. This observation led to our work in simulation. (See Chapter I, this section).

Approach-Avoidance

Clients who were being seen for a series of sessions often returned time and time again to see the counselor only to spend the better part of their time with him, avoiding any kind of real contact. Individuals seemed unable to give up attempts to achieve interpersonal contact despite the strength of their fears of such contact. This approach-avoidance behavior seemed to characterize most counselor client relationships. Clients appeared to both approach and retreat from honest, congruent communication with the counselor. The approach-avoidance syndrome appeared to be a cyclical process. The movement toward and away from, seems continuous throughout the interactions and apparently served to establish a specific range of psychological distance from the counselor, a point at which the client is intimate with the counselor and at the same time able to feel relatively safe from the potential dangers which he projects into the situation. It is argued that the need for interpersonal contact is irresistable. It makes people continuously seek what they can from interpersonal relationships carefully constrained at a distance by the frightening aspects of the relationship. The further the psychological distance, the greater the incongruity between statements and feelings; the further the psychological distance sought, the greater the fear of one's own dangerous potential and the potential dangers of the other.

We also proposed that the greater the distance the greater the reliance on "out of awareness" metaphoric or nonverbal communication. It appears that the further the distance one's approach -avoidance syndrome places him from another the more rigidly the individual holds to that position.

We suspect that these constructs are not limited to the client-counselor relationship, but are processes enacted between all persons. We also argue that objects and subjects of study are also seen as possessing a potential to help and hurt the individual,and that there is a cyclical movement toward and away from these objects and activities. In relationship to himself man also enacts an approach-avoidance dynamic. He stereotypes his behavior and denies experiences which repudiate this stereotype. He both "embraces" himself and rejects himself in a similar cyclical process, e.g., "I'm a warm accepting person not like those other pigs." (The incongruity between the first and last parts of this statement illustrate the self-denial mechanism.)

In formulating these constructs it is apparent that we have already gone considerably beyond our data, but in order to define the basic nature of interpersonal needs, we believe that a moving force has to be postulated. The frequent reference to the pain of boredom, and the fear of rejection expressed by our clients along with other supporting evidence suggests to us that one of man's basic interpersonal drives is toward sensory stimulation, stimulation of all his sensory mechanisms, and that man is the best, the most complete potential source of sensory stimulation for his fellow man. We propose that this need is basic and life giving and that without it pain and perhaps death, result. Support for this idea is found in a growing body of research data (Schultz, 1965).

Although we propose that man is the best overall source of sensory stimulation for his fellow man, objects and activities also provide stimulation. It also follows that man may be his own source of stimulation. Thus, his fantasy life may serve to stimulate a host of sensors. His real and ideal self concept may in fact be an expression of his positive and negative view of himself as a source of sensory stimulation. Man's potential sources of sensory stimulation are thus seen as other people, objects and activities, and himself.

Such an approach-avoidance theory, postulating a recurring need for closeness, with attendant anxiety upon coming close that one will either hurt or be hurt, seems to explain the conflicts and contradictions of interpersonal behavior that we have found in our IPR client interrogations. Vacillation, indecision, "double-talk," metaphoric communication, incongruity between statement and nonverbal communication are common manifestations. Ideally one would be capable of direct, open, honest communication. With such potential one would be better able to achieve a balanced, flexible adjustment in the present suffering fewer fears and experiencing increased efficiency associated with the needed sensory stimulation.

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SECTION II

THE DEVELOPMENT AND VALIDATION OF NEW PROCEDURES IN THE EDUCATION OF A COUNSELOR

Studies of counselor behavior and counselor supervision are described in this section. In this and in each of the other sections of this report the first chapter is a recapitulation of relevant findings from our 1963-65 studies.

CHAPTER I

THE FAILURE OF A LOGICAL PLAN TO MEASURE AND CHANGE COUNSELOR BEHAVIOR

The Problem

Throughout the years, counselor educators have relied on a variety of techniques to assist counselor candidates in gaining professional competency. Case studies, role-playing, unstructured self-appraisal, group counseling with trainees, direct interview supervision by use of one-way vision mirrors and audio tape have been the generally used approaches to counselor supervision. In the most frequently used supervisory model, the supervisor and supervisee use an audio tape recording of the trainee's actual counseling behavior as a means of recreating the counseling session, with the audio tape serving as a vehicle for helping supervisor and supervisee better understand the nature of the client/counselor interaction and the dynamics of either counselor, client or both.

Heretofore, two problems have plagued the supervisor and trainee during the supervisory process: (1) the inability to recreate a true and representative sample of the counseling experience, and (2) the difficulty in gaining access to the preconscious and unconscious thoughts and feelings of both counselor and counselee during the interview itself. Kubie (1964) states:

> "So much of our raw data consists of brief impressions of evanescent, fleeting moments of behavior. They are here and gone in a flash, never to recur, never to be re-enacted or relived in exactly the same way . . .. It is this fleeting moment which must be studied. For this purpose it would have to be perceived and recorded and recalled with precision. Yet, we know that during the whole experience the observer himself is emotionally involved . .... Yet, when we are involved emotionally, we are hardly free to make precise objective observations, to record them accurately, or to recall them without bias . . .. Parents and teachers and psychiatrists have all been dependent for their basic data upon their imperfect and fallible memories of visual and auditory perceptions which are themselves subject to distortion."

IPR seemed to hold considerable promise for bridging the gap to which Kubie alludes because the technique seems to have potential to provide the following:

1. Cues for the recall of cognitive and affective behavior.
2. An immediate playback, resulting in the maximal recall of marginal, tangential, and subliminal thoughts.
3. An opportunity to introduce a meaningful third person, via the role of interrogator, into a dyadic relationship.
4. An unavoidable confrontation of self in which self is perceived both subjectively and objectively.
5. Possibilities for analysis of content which occurs simultaneously in both cognitive and affective dimensions, and which can be analysed into components, movements, transformations and sequences.
6. A recording of his relationship to the client which helps the student counselor to recognize his weaknesses more clearly than when a supervisor tells him directly what he has been doing wrong. The accompanying anxiety of this recognition provides the counselor supervisor with an unusual opportunity to effect behavioral changes in his student.
7. A convenient method of introducing an individual into a previous experience so that the former experience can be used as a point of departure for continuation or for new insight.
8. An authentic re-creation of counselor behavior for subsequent analysis and evaluation.

Those members of the project staff who were themselves experienced counselors claimed they had markedly improved their own counseling abilities and, that they seemed to be more effective counselors after engaging in a few initial developmental IPR sessions with volunteer clients. Highly reputable clinical and counseling psychologists were invited to use the technique. They too claimed to have achieved new insights about themselves and their clients as a result of observing themselves on videotape and especially from listening to a replay of their client's interrogation session. It appeared to us that IPR might be a potent educational device in the graduate program of students preparing to be counselors. To evaluate this potential we needed to design a well controlled study and a means for evaluating the effects of the treatments.

The Design

This first study of the effectiveness of IPR in counselor education used three "competing" methods as adjunct activities for three groups of students in counseling who were enrolled in either the regular doctoral or regular master's degree counseling practicum at Michigan State University. The study compared the relative effectiveness of (1) a video IPR treatment, (2) an audio IPR treatment, and (3) supervision using an audio tape of a regular interview session.

A design was developed that would expose each group to the same amount of client contact, either in the actual interview or through the replay of tapes. Each group received the same amount of direct supervision. In order to equate the groups on the duration of treatment variable, it was necessary to omit one phase of the "full" IPR treatment, that in which the counselor is interviewed simultaneously with the client as the tape is replayed. To provide for a maximum number of counselor trainees consistent with the capacity of the physical facilities and equipment, each trainee in the experimental groups was limited to three exposures to IPR treatment.

The nature of the three treatments is shown in Table 2.1. Practicum students were randomly assigned to the treatment groups each quarter.

Table 2.1 Summary of the counselor training design

	First Session[a]	Second Session	Third Session	
Video group total 3½ hours	½ hour counseling interview. Interrogator then works with client for 2 hours	Counselor listens to interrogation of client on tape 2 hrs.	Counselor watches ½ hr. video interview tape	½ hour supervision by interrogator
Audio group total 3½ hours	½ hour counseling interview. Interrogator then works with client for 2 hours	counselor listens to interrogation of client on tape 2 hrs.	Counselor listens ½ hr. to audio interview tape	½ hour supervision by interrogator

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[a] First session for each group was held in the IPR rooms under video lighting conditions. Thus the control group, strictly speaking, receives a placebo condition.

Table 2.1 continued

	First Session	Second Session	Third Session
Control group total 3½ hours	1½ hour counseling interview. Interrogator observes	Counselor listens to audio tape 1½ hours	½ hour supervision by interrogator

The practicum students were told that a research project was in process and that they would be randomly assigned to different experiences and that it was extremely important that they not talk with each other about their project experiences, or with other students who followed, during the year of the project. All students agreed to these conditions,[1] and were required to sign an agreement to this effect. The student counselors then began the practicum course in the traditional manner.

During the quarter term the three treatment types of Table 2.1 were applied but only on three occasions for each student counselor.

The three experimental treatment groups during each of the three academic quarters (fall, winter, and spring) of the academic year of 1963-64 had the same, replicated research program. First, the practicum students had two sessions in their regular practicum laboratory where they counseled the same high school student for two sessions. Next, they had three sessions in the IPR room with high school students. They then returned to their regular practicum laboratory and counseled with high school students. In this way each practicum counselor worked with the same number of clients during the quarter, had three sessions in the IPR room, and had all other sessions in the regular practicum laboratory.

The same IPR staff members supervised the three experimental counseling sessions for all three groups and were assigned to counselors at random. Each staff member supervised the same number of counselors in each treatment group and no counselor was supervised by the same staff person for more than one session. All but one supervisor worked with both master's and doctoral candidates.

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[1] At the end of the experiment several of the trainees who were interviewed (as part of our preparation for subsequent studies) reported that this design requirement contributed to the anxiety some of them felt about the treatments.

Video Treatment Group

The video group counseled high school students in the IPR room in the following manner: the counseling session was brought to a close as soon as was convenient after 30 minutes. A recall person took the place of the practicum student in the IPR room. The half hour interview was replayed with the client stopping for stimulated recall in the manner described in Section I of this report. The replay was discontinued after two hours regardless of how much of the 30 minutes had been covered. The audiotape of this recall session was then given to the counselor so that he could listen to the interrogation of the client. After listening to the tape, the counselor came to the IPR room and viewed a replay of the half-hour tape. Within the next two days he had a half-hour supervision with the recall person. There was no set schedule for the supervisory times but supervision took place before the practicum student interviewed another client in the IPR room. This procedure was engaged in for three of the trainee's nine sessions over the quarter of practicum training. His other six sessions were supervised in the usual manner by the regular practicum instructors.

Audio Treatment Group

The audio group followed the same procedure as the video group. The only exception was that instead of using videotapes for recall purposes, the client was questioned about an audiotaped recording of the interview. Practicum students then listened to an audiotape of the two-hour recall session and their own counseling session uninterrupted by recall. Then they met with the recall person for 30 minutes of supervision scheduled as in the case of the video group. As with the video group, this procedure was used with three of the nine counselors interviewed over the quarter of practicum training.

Control Treatment Group

The control group received no stimulated recall sessions. They counseled high school students for one and one-half hours in the IPR room. Upon finishing the counseling session, they listened to their audiotapes for one and one-half hours. Following this, they were supervised for 30 minutes by a recall person who had monitored the counseling session through a one-way glass. The supervisory time was scheduled as with the video and audio groups. The control group thus received the same treatment for three of the nine sessions as they did for the remaining six except that their interviews were held in the IPR rooms and for the three sessions they received supervision from the IPR staff instead of from their regular practicum supervisors.

Instrumentation

To judge the counseling effectiveness of the members of the treatment group, three eminent counselor educators were employed to serve as judges. The judges selected were counselor educators of national repute who had extensive experience in counselor supervision and were employed at three universities in departments of counseling which were not committed to a single theory of counseling. Judges were thus chosen that would most likely emulate the model of the expert therapist used in Fiedler's classic study (1950). It was assumed that these three judges were more likely to agree than three neophytes, and in view of Fiedler's findings we expected that despite any differences in the orientation of their own graduate or post graduate education they would be in essential agreement as to the characteristics of a good counselor.

The three judges rated selected segments of the final counseling session of the fifty-four counselors, each of whom worked with the same coached client as a post-treatment sample of their counseling ability. It was assumed that a "client" (in this case a drama student) well rehearsed about the nature of her concerns would provide each counselor an equal opportunity to demonstrate his competence. In order to enhance the authenticity of the situation, instead of role playing in the usual sense, the client was directed to re-enact a problem she had actually recently faced. She rehearsed with the project staff before enacting her problem with each of the practicum students. Ratings were made of the first four minutes and of the ninth through thirteenth minutes of the interview. Four minute segments were used on the basis of Hart's (1961) observation that the four-minute segment is as reliable a sample unit for rating as any other time unit. The judges were asked to rate each counselor in comparison with all other counselors of comparable experience whom they had known through their years of experience rather than to compare the counselors in this study with each other. The intent was thus to establish an absolute rather than a relative judgment. All judgments were made within a two-day period. Practice sessions for the judges totaled one and one-half hours. Four brief rest periods were provided each day.

An extensive review of the literature at that time forced us to conclude that a reliable rating scale of counselor behavior was not available which made use of the wealth of additional observations made possible by videotape, which could be used for rating beginning counselors and which was not exclusively related to a single counseling theory. A scale was devised based on other scales and on the "do's" and "dont's" usually found in guidance and counseling texts.

The scale developed consisted of three parts: (1) thirty-three behavioral and feeling items, (2) a single global evaluation on a representation of the normal curve with baseline divided into eight equal segments, and (3) a request for the judges to write any adjective or phrase which they felt described each counselor. Various items of the Anderson (1962) or Rogers (1962) Scales were used and revised to create Part 1. In addition, new items were created so that the scale would lend itself to audio and visual behavior, would be modeled after no one counseling theory, and would be commensurate with the level of training of first year practicum counselors. Trials of the scale with experimental staff members and counselor educators permitted elimination or repair of items which were ambiguous or irrelevant. Sample items are shown below.[2]

Excerpts from: "Counseling Process Effectiveness"

Mark each statement at the right according to the extent of the counselor's behavior or the counselor's tendency to behave in the manner described by the statement.

	Frequently	Occasionally	Rarely	Not at All
4. The counselor's bodily and/or facial expressions convey the feeling that he is frightened or anxious	1	2	3	3
7. The counselor permits the client to engage in idle chitchat	1	1	3	3
24. The counselor wears a smiling mask of "acceptance" even when a different affect would be more appropriate	1	2	2	2
26. The counselor communicates by posture, words, and affect that he is immersed in the client's communication	3	2	0	0

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[2] The entire scale appears in Appendix

These excerpts from "Counseling Process Effectiveness" were given to help clarify the discussion which follows:

The thirty-three items were scored with weights from 0 to 3 assigned by Mosier's technique for maximizing internal consistency reliability.

The adjectives were scored by grouping them into sixteen clusters with similar meaning and then ranking these clusters from high to low in terms of their descriptiveness of good counseling. The rank of the clusters recieved a numerical score and, received the score for each counselor was averaged depending on the group of adjectives or phrases given.

The three judges, who had no previous knowledge about the present study, were trained with videotapes of two student counselors of comparable training and background to those in the study. Following this training period, the three judges evaluated the videotaped samples in random order.

The scale try-outs resulted in the kind of unsolicited positive comments which usually serve as an initial source of validation. Thus, with confidence in the validity of instrumentation, convinced that experienced and eminent counselor educators would have arrived at very similar bases for evaluating counselors and with clinical impressions to attest to the strength of experimental treatment, it was expected that the study would prove successful.

Results

Three professional judges rated the fifty-four counselors on two different time segments of the criterion interview. A two-way analysis of variance of the ratings of the fifty-four counselors was computed to determine whether there were significant differences among the judges or between the ratings given to the two time segments. Table 2.2 indicates the results of the analysis

Table 2.2 Analysis of variance of ratings by the three professional judges of the first four minutes and the ninth through thirteenth minutes

Source of Variance	Sum of Squares	d.f.	Mean Square	F
Judges	5307.30	2	2653.65	8.68**
Time	841.00	1	841.00	2.75

**$p < .05$.

Table 2.2 continued

Source of Variance	Sum of Squares	d.f.	Mean Square	F
(Interaction) Judges X time	980.13	2	490.06	1.60
Error	97231.04	318	305.76	
TOTAL	104359.47			

Necessary: $F \geq .05$ 3.89 for 1,318 degrees of freedom

The F value of 8.68 indicated that at the .05 level of confidence the three professional judges were not in agreement in rating the fifty-four counselors. In order to describe how the three professional judges differed, the correlations of the judges' ratings for the first four minutes are summarized in Table 2.3.

Table 2.3 Intercorrelation for the three professional judges for the first four minutes

	Judge I	Judge II	Judge III
Judge I		.46	.31
Judge II			.30
Judge III			

The relationships are positive, but quite low--much lower than desirable. Only the correlation of Judges I and II is significantly different from zero. Apparently the three judges did not rate the first four minutes of the tape consistently with each other. No pair is much worse than any other since no significant differences between the correlation exist.

A second comparable correlation matrix was computed for the ninth through thirteenth minutes and is shown in Table 2.4.

Table 2.4 Intercorrelation for the three professional judges for the ninth through thirteenth minutes

	Judge I	Judge II	Judge III
Judge I		.61	.55
Judge II			.52
Judge II			

These indices are stronger than those for the earlier time-sampling, but are in the lower ranges of what is usually deemed satisfactory measurement objectivity. All are significantly different from zero and are at about the same level, although Judges I and II are again somewhat more similar on each of the time samples than are the other pairings.

Having found dissimilarities among judges ratings too large to ignore, the next problem was to find if each judge was consistent in the counselors he favored within the three subparts of the scale. The results are summarized in a separate table for each judge and time sample, indicating mean scores and F values for each of the three parts of the scale.

Table 2.5 Judge I mean ratings on the three parts of the Counseling Process Effectiveness Scale for each of the treatment groups

Treatment	First Time Sample Video	Audio	Control	F Value
33 Items	47.0	54.0	58.0[a]	1.56
Global	3.5	4.1	4.3	1.15
Adjectives	8.1	10.8	11.6	3.63*

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[a] The highest of the three treatment groups is underlined in each comparison.

*Significant at the .05 level.

Table 2.5 continued

Treatment		Second Time Sample		F
	Video	Audio	Control	Value
33 Items	52.0	57.0	47.0	.92
Global	3.8	4.1	3.2	1.41
Adjectives	11.3	9.7	9.0	1.09

Treatment		Total		F
	Video	Audio	Control	Value
33 Items	99.0	111.0	106.0	.58
Global	7.3	8.2	8.5	.52
Adjectives	19.3	20.5	20.6	.19

Table 2.6 Judge II mean ratings on the three parts of the Counseling Process Effectiveness Scale for each of the treatment groups

Treatment		First Time Sample		F
	Video	Audio	Control	Value
33 Items	46.0	52.0	51.0	.83
Global	3.1	3.3	3.5	.34
Adjectives	8.8	10.8	8.7	1.57

Treatment		Second Time Sample		F
	Video	Audio	Control	Value
33 Items	49.0	60.0	50.0	1.96
Global	2.9	4.3	3.4	3.75*
Adjectives	7.3	9.4	6.7	1.75

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*Significant at the .05 level.

Table 2.6 continued

Treatment		Total		F
	Video	Audio	Control	Value
33 Items	95.0	112.0	102.0	1.90
Global	6.1	7.6	6.9	2.20
Adjectives	16.2	20.2	15.4	2.99

Table 2.7 Judge III Mean ratings on the three parts of the Counseling Process Effectiveness Scale

Treatment		First Time Sample		F
	Video	Audio	Control	Value
33 Items	56.0	57.0	58.0	.08
Global	3.5	3.6	3.8	.17
Adjectives	11.8	10.5	10.3	.90

Treatment		Second Time Sample		F
	Video	Audio	Control	Value
33 Items	62.0	66.0	65.0	.29
Global	3.7	4.1	3.9	.23
Adjectives	10.6	10.8	11.8	.42

Treatment		Total		F
	Video	Audio	Control	Value
33 Items	118.0	123.0	123.0	.28
Global	7.2	7.7	7.7	.21
Adjectives	22.4	21.3	22.1	.16

As indicated in Tables 2.5, 2.6, and 2.7, there is little consistency among the three sub-parts of the scale for each judge, although Judge II was somewhat more consistent than the other two judges.

An item analysis was computed for the thirty-three items of the feeling and behavioral scale for the ratings completed by the three judges. The results of this analysis did not reveal any clear or decisive patterns among the judges.

Discussion and Conclusions

The results of the study show that despite training on a checklist and rating scale composed of items with high face validity, experienced counselor educators provided disappointingly low commonality of judgment in this attempt to establish criterion measures. Analysis of the respective judge ratings of the group suggest that different orientations to counseling may be more salient than previous research implied (Fiedler, 1950). Whatever the effects of the different counselor education treatments on the subjects rated, an instrument and procedure which so fails to yield good interjudge agreement cannot be used as a criterion measure.

The study caused us to raise many questions about the way we had used IPR and the methods employed to evaluate its effectiveness. The coached client may possibly have fostered relationships which were not typical of counseling dyads. The choice here was a difficult one--to use a more realistic situation but of quite non-comparable character across the groups or to use a comparable but less realistic experience. We chose the latter, but the client acted her part well and when each counselor was later asked about the interview none stated that he had suspected that the client was coached. An important limitation of this procedure, however, was the client's tendency to tell the counselor her "problem" even when the counselor's probes were rather poor.

It is possible that the training of judges may have been insufficient. However, the judges were trained until their practice ratings were in high agreement. Apparently this tendency to agree did not transfer to the material to be judged or else disappeared as individual patterns reasserted themselves.

The four-minute segment may not have been an adequate sample to enable the raters to make a reliable judgment. It is also possible, though, that four minutes is too long and that each type of counselor behavior in the scale should be rated as it occurs.

The use of Interpersonal Process Recall was based on the assumption that the added stimulus would create a greater awareness for the counselor of his own counseling behavior and of the dynamics of the clients. It was observed that when counselors were given recordings in their clients' own voice expressing their moment-by-moment expectations and perceptions of the counselor's behavior, as well as the client's thoughts and feelings, that this increased the counselor's sensitivity to interpersonal communication and helped him to become a more effective counselor. The hypotheses of the study were based on such observation of numerous IPR sessions. Several experienced therapists and counselors who had used IPR prior to this study reported gaining new insights about their clients. During this study, most of the video recall sessions seemed to contain highly instructive material about the concerns of the clients, the subtelties of their communication, the nature of the counselor's impact on them and a host of insights which even highly competent supervisors would probably have missed; but it is possible that beginning counselor are more in need of basic skill and knowledge already possessed by the expert, and that methods which will increase the skill of an expert may not be helpful to a beginner.

A few of these beginning counselors at times seemed shocked and even somewhat depressed. It is possible that IPR provided an over-abundance of insightful and meaningful material, thrust upon them too early for them to handle the enriching material. Poling (1963) observed that many practicum counselors have fears or anxieties when audiotape recordings are first introduced in their counseling interviews. He concludes that recording the counselor's interview with a videotape produces a greater degree of anxiety and is even more threatening. Poling reports that the counselor's defenses were quite high and that hostility and resistance were evident. This explanation gains plausibility when we examine the results of the Counseling Process Effectiveness Scale. The video group was consistently lower than the audio group on most of the 33 items but was especially low on items which tended to reflect counselor anxiety.

It is possible that there was not enough time for the students to assimilate and integrate all that was provided for them. White (1963) and Nielsen (1963) report that when a subject is provided with a visual training procedure, the immediate effects create a temporary period of retardation and suggest that if the subject has enough time to integrate the extra stimulation, and if the subject has enough time to integrate the extra stimulation, and if the experiment is continued over a longer duration of time, the subject will increase well beyond the point reached by the other subjects who did not receive the visual training. In an attempt to follow the university calendar for academic terms, all the counselors received their entire

IPR treatment during the middle part of each ten week academic term. Because of this intensity of exposure to the process, the counselors may not have had time to integrate the quantity of information given them. It is thus possible that integration of the new learning had not yet taken hold at the time the criterion interview was held.

Lack of specificity in training may also have influenced the results. Tintera (1965) noted in his study of training practicum teachers with the use of video and audio tapes that one of the problems students had was not focusing on the more important aspects of behavior. The focusing of attention on important errors, in essence knowing what to look for, may have been an important part of the educative process that we did not emphasize enough in the present study.

Although it may have seemed methodologically desirable to negate possible supervisor differences by assigning each trainee a different supervisor for each experimental session, this approach clearly flies in the face of a growing body of professional literature stressing the necessity of developing a strong, positive relationship between supervisor and supervisee (Arbuckle, 1963; Patterson, 1964; Boy and Pine, 1966). These supervisory relationships were further confounded since trainees saw another group of supervisors during the non-experimental phase of practicum. Thus, in addition to his other concerns, the trainee had to learn how to relate to at least four different supervisors during the source of his ten-week experience.

Finally, it is also possible that we simply overrated the potency of the treatment, that we anticipated significantly changing the overall effectiveness of student counselors with only three exposures to IPR training.

These possible explanations are after the fact rationalizations which might or might not have been true. The hard fact remains that what appeared to be a potent treatment and a cogent and reasonable approach to the development of a criterion measure of counselor effectiveness did not work. It was not until we developed a model for counselor supervision and a useful rating scale that statistical data was found in favor of the experimental procedures.

CHAPTER II

DEVELOPMENT OF A SCALE FOR EVALUATING COUNSELOR BEHAVIOR

The Problem

One of the major problems encountered in our first controlled study of counselor education (See Chapter I.) was the unanticipated difficulty in obtaining an adequate criterion measure. Before any new studies in counselor education were undertaken it seemed essential that we devise or find a scale which would have adequate interjudge reliability, validity and sensitivity to differences in levels of counselor ability. Implicit in these requirements is that the instrument or procedure would (1) measure behaviors or attributes which are specific enough to foster objectivity and minimize the potential for rater bias, (2)measure dimensions that are also important counselor behaviors so that the specificity of the behavior or attribute does not result in the very objective measurement of that which is really insignificant, and (3) the scale must tap dimensions which are affected by counselor education programs and/or differentiate between the more and less experienced and competent counselor.

Procedure

Two procedures led us to an apparent solution to our problem. The first was an intensive examination of video and audio tapes of counselors of known levels of competence. Several audio tapes were available to us of counseling sessions conducted by counselors of national repute employed at the MSU Counseling Center and within the College of Education's Department of Counseling. Audio tapes were also available of practicing counselors whose repute was less than glowing. Another pool of potential data was available to us on video tapes for by now we had conducted many IPR sessions and had not erased the video tapes of the counseling sessions nor the audio tapes of the recall sessions. This provided us with video tapes which could be differentiated according to client evaluation of the competence of the counselor. Another source of recorded counselor behavior (and one which appeared to contain the greatest disparity between groups and hence the best opportunity to identify specific but important behaviors differentiating the two groups) were videotapes of master's degree candidates and doctor's degree candidates in counseling.

These tapes were reviewed and, in almost microscopic detail, the verbal and nonverbal behaviors of the more and less qualified counselors were compiled into rather extensive lists.

The second procedure was to again review the literature on important elements in counselor behavior.

As our lists of observations were collapsed into more and more general headings, four major groupings emerged which seemed to differentiate between the more and less qualified counselors. Three elements of effective counseling had been defined by Truax and Carkhuff (1964) as (1) the counselor communicates his understanding, (2) the counselor is specific and (3) the counselor is exploratory. And the described dimensions--understanding, specificity, and exploration--seemed to account quite well for three of the four major groupings we had compiled. The fourth grouping was best summarized as an Affective-Cognitive grouping.

In addition to these verbal behaviors, we observed that the less qualified counselor tended to either assume many different nonverbal poses and to shift relatively rapidly from one to another or to remain nearly frozen in a single posture through most of the session. The qualified counselors seemed to use a limited number of "favorite" poses or gestures and to move about but within this rather limited array. This was the only nonverbal behavior which seemed to differentiate between the groups, and the observation did not lend itself easily to objective scaling for use by judges Further, we could not justify it as basic to effective counseling.

Counselor Verbal Response Scale[1]

Overview.--The counselor Verbal Response Scale (CVRS) consists of five forced choice dichotomous dimensions measuring the extent to which counselors are characterized by affective, understanding, specific, exploratory, and effective responses. The dimensions are defined as follows: An affective response is one which makes reference to or encourages some affective or feeling aspect of the client's communication while a cognitive response refers primarily to the cognitive component of a client's statement; understanding refers to the counselor's ability to convey to the client his awareness of and sensitivity to the client's feelings and concerns by attempting to deal with the core of his concerns rather than making vague responses or referring to peripheral concerns; exploratory responses encourage the client to explore his feelings and provide him with an opportunity to do so while nonexploratory responses typically restrict the client's freedom to explore. The final dimension, effective-noneffective, is a global rating of the overall effectiveness of a counselor's response in promoting client movement.

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[1] Because only counselor's verbal behaviors were actually rated in the final form of the instrument, we ultimately "settled" for this title although we do not mean it to imply that visual elements are not looked at by judges in determining ratings.

The CVRS differs from other rating scales in that it focuses on a series of individual client/counselor verbal units (client statement--counselor response) during the course of an interview, rather than on global ratings of entire interviews or longer interview segments. This format was based on one developed by DeRoo and Rank (1965). Thus, the judge is required to describe every counselor response to a client verbalization on each of the five dimensions of the scale. After twenty counselor responses have been dichotomized on each dimension totals are obtained. Thus a maximum score of 20 and a minimum of 0 is possible for each dimension.

Reliability.--In determining interjudge reliability, we applied Hoyt's analysis of variance technique to the ratings of two sets of judges who had rated the videotaped interviews of fifty inexperienced M.A. candidates in Counseling and Guidance and thirteen experienced Ph.D. candidates in Counseling and Guidance at Michigan State University. Corresponding four-minute segments were rated for fifty-three counselors[2] (45 M.S. candidates and 8 Ph.D. candidates) who had interviewed the same coached client in the study reported in Chapter I of this section. Because timed segments with unequal numbers of responses were used, ratings were converted to proportionate scores. Corresponding twenty response segments were rated for the remaining ten counseling interviews. Coefficients were obtained of average tape interjudge reliability of .84, .80, .79, .68, and .79 for the affective-cognitive, understanding-nonunderstanding, specific-nonspecific, exploratory-nonexploratory, and effective-noneffective dimensions of the scale respectively.

Validity.--More important perhaps than even this evidence of objectivity leading to interjudge agreement is the data supporting the validity of the dimensions of the scale for characterizing counselors at different ability levels. On each dimension of the scale, significant differences at the .01 level were found between the responses of the Ph.D. candidates and the M.A. candidates, with the former having more responses rated as affective, understanding, specific, exploratory, and effective. We also noted that separate ratings made of 10 counselors with M.A.'s and some advanced training and counseling experience indicated that their response patterns fell between those of M.A. and Ph.D. candidates.

Replications.--Because the criterion instrument was so integral a part of our future experimental procedure, a series of studies were undertaken to determine whether similar results could be obtained using the same videotapes with different raters as well as using different videotapes. First, a manual was written[3] and illustrative "exercises" were included so that judge training could be standardized. Definitions were somewhat revised and illustrated. Then counselor judges were trained in the use of the scale. Three separate sets of counseling tapes were rated using different combinations of judges for each rating. In the first study, raters judged six audio tapes representing counselors at different levels of preparation. These tapes were selected from the Department's counseling tape library. In the second study, fourteen videotapes of initial interviews of high school counselors were used. Finally, the fifty-three videotaped used in the study reported in Chapter I of this report were re-rated using a different set of judges, trained with the standardized manual and procedures.

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[2] The post tape of one of the M.A. candidates was lost. See previous Chapter.

An overview of the three studies is presented in Table 2.8 and the coefficients of inter-rater reliability, calculated by the technique of analysis of variance described by Ebel (1951), are presented in Table 2.9.

Table 2.8 Overview of three studies designed to determine inter-rater reliability on the CVRS

Study	No. of Judges	No. of Tapes	Mode of Presentation	Type of Rating
A	4	6	Audio	20 responses each tape
B	3	14	Video	20 responses each tape
C	3	53	Video	4 minute timed segment

Insert Table 2.9 here

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[3] Manual of instructions and format appear in Appendix B.

Table 2.9 Average tape and item inter-rater reliability coefficients for each dimension of the CVRS on three separate studies[a]

Study		Aff.- Cogn.	Und.- Nund.	Spec.- Nspec.	Exp.- Nexp.	Eff.- Neff.
A	Tape	.80	.81	.70	.87	.83
	Item	.638	.568	.524	.549	.524
B	Tape	.824	.873	.682	.839	.825
	Item	.625	.506	.454	.450	.547
C	Tape[b]					
	Item	.637	.508	.524	.549	.574

[a] The formula used to derive the estimate of the reliability of individual ratings is:

$$r = \frac{M_{\bar{x}} - M}{M_{\bar{x}} + (k-1)M}$$

where M = mean square for error, $M_{\bar{x}}$ = mean square for persons, and k = mean number of raters.

[b] Because of the unequal number of rateable response units within any given timed segment, only item reliability estimates were calculated.

Aff. - Cogn. = Affective-cognitive
Und. - Nund. = Understanding-nonunderstanding
Spec. - Nspec. = Specific-nonspecific
Exp. - Nexp. = Exploratory-nonexploratory
Eff. - Neff. = Effective-noneffective

The data from studies A and C as described above was also used to further test the validity of the scale's dimensions, that is, to determine if the dimensions of the scale actually differentiated counselors at different levels of experience. The data from Study A involving six audio tapes is presented in Table 2.10.

Insert Table 2.10 here

Table 2.10 Mean scores of six counselors at various levels of training on each of the dimensions of the CVRS

Counselor	Affect	Und.	Spec.	Exp.	Eff.	Total
A	9.75	17.25	15.25	11.25	15.75	69.25
B	9.25	9.00	7.75	10.00	7.50	43.50
C	11.25	17.25	12.00	16.25	15.50	72.25
D	2.25	7.50	5.25	8.00	3.50	26.60
E	5.25	6.75	6.00	8.00	5.75	31.75
F	1.00	2.00	1.00	5.25	.50	9.75

Counselor:
A = Ph.D. candidate rated good by supervisor
B = Ph.D. candidate rated weak by supervisor
C = School counselor rated good by supervisor
D = M.A. practicum rated poor by supervisor
E = Beginning practicum
F = Beginning practicum

In all but one case, there is a clear differentiation between counselors at varying ability levels on each of the Scale's five dimensions.

The second validity study involved the fifty-three videotapes of 4 minute segments of the final interview of forty five M.A. candidates and eight Ph.D. candidates involved in the Chapter I study. Since the use of a timed segment precluded the rating of an equal number of responses for each counselor, the ratings of the three judges were extrapolated to a base of twenty responses, thus making them comparable to other data collected. The mean number of responses of the M.A. and Ph.D. candidates were then compared on each dimension of the Scale using _t_ tests. On every dimension summarized in Table 2.11 there were statistically significant differences between the responses of M.A. and Ph.D. candidates.

Insert Table 2.11 here

Table 2.11 Comparison of mean scores of the Ph.D. and M.A. counselor candidates on the five dimensions of the CVRS

Dimension	N Ph.D.	Mean	N M.A.	Mean	t	p
Affective	8	10.04	45	4.33	3.401	.005
Understanding	8	14.08	45	9.66	2.164	.025
Specific	8	10.04	45	5.50	2.51	.01
Exploratory	8	14.17	45	8.56	3.07	.005
Effective	8	12.42	45	6.99	2.646	.01

In re-analyzing the treatment effects in the study. described in Chapter I, it seemed advisable to separately analyze the Ph.D. group (N = 8) from the M.A. group in light of the significantly better scores obtained by the Ph.D. group. As indicated in Tables 2.12 and 2.13, re-analysis of the data does not provide statistically significant evidence in favor of the experimental treatment. The data using the CVRS, however, are in the hypothesized direction for the M.A. group and at least seem to be reasonably consistent within both M.A. and Ph.D. groups. These results strongly suggested that the CVRS could serve as an objective, valid and useful measure of counselor behavior.[4]

Table 2.12 Mean Scores on CVRS of Master's Degree Candidates in initial IPR study

Dimension	Video (N=15)	Audio (N=15)	Control (N=15)
Affective	5.22	5.00	2.76
Understanding	11.33	10.09	7.56
Specific	6.64	5.64	4.20
Exploratory	8.84	9.40	7.24
Effective	8.76	7.36	4.87

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[4] Additional data supporting this conclusion is presented in the next Chapter of this Section.

Table 2.13 Mean Scores on CVRS of Ph.D. degree candidates in initial IPR study

Dimension	Video (N=3)	Audio (N=3)	Control (N=3)
Affective	10.78	11.89	6.17
Understanding	14.22	16.33	10.50
Specific	11.00	11.67	6.17
Exploratory	13.22	15.44	13.67
Effective	12.56	15.22	8.00

CHAPTER III

DEVELOPMENT AND VALIDATION OF A NEW PROCEDURE IN COUNSELOR SUPERVISION

In order to more effectively use videotape and the IPR model, it seemed necessary first to examine the basic goals of supervision and then to consider the notion of "counselor developmental tasks" which may provide a theoretical framework within which to modify the IPR procedures.

Toward a Theoretical Framework for the Supervisory Process

The goal of supervisory relationships is both to help the client cope with his concerns and to provide a learning experience for the counselor candidate. The crystalization of counselor learning usually takes place in a series of supervisory sessions with his supervisor during which trainee and supervisor discuss the varying dimensions of counselor/client interaction. It is evident that there also thus exists an indirect relationship between supervisor and client. The implications of this relationship have been dealt with by Ekstein and Wallerstein (1958) and Kell and Mueller (1966). However, the major supervisory concern remains on the nature of the experience between supervisor and counselor and the resultant impact on the client.

There seems to be some agreement among counselor educators that supervision during practicum may be conceptualized as training in interpersonal communication, which Patterson (1964) describes as:

> The development of sensitivity in the student, of understanding and the ability to communicate that understanding, of therapeutic attitudes, rather than techniques specific responses, diagnostic labeling, or even identifying or naming presumed personality dynamics in the client (p. 48).

Moore (1963) has presented a concise overview of this communication framework:

> The student must be instructed on how to communicate with a patient and encourage the patient to communicate with him; what the patient's comments and answers mean per se and in light of his problems; . . . what the facial expressions, tone quality of the voice, and body attitude indicate; how

> the verbal and nonverbal content of the interview conflict with and support one another. It is absolutely essential for the psychiatrist to develop the ability to communicate and be communicated with, to observe people closely and objectively, and to interpret what he has seen and heard.

As a second dimension, the supervisory experience is viewed as a process of self-discovery for the trainee during which he can continually critically evaluate what he is doing and begin not merely to conceptualize but also to internalize the meaning of the counseling relationship. Indeed, both Arbuckle (1963) and Patterson (1964) have suggested that the relationship between supervisor and supervisee is akin to a counseling relationship.

Within this general framework it seems possible to distinguish at least four major developmental tasks facing the counselor as he "learns" the process of effective interpersonal communication during practicum.

1. The trainee becomes increasingly aware of the elements of good counseling. Gottesman (1962) has noted that despite prior courses in theory, trainees often have only minimal awareness of the meaning and timing of interpersonal communication. Although trainees generally pick up covert cues from their supervisors about the general nature of interview behavior, trainees exhibit little agreement on when and how to use their responses. They are often focused on the rather nebulous goals of being a "good" counselor which they try to imitate while often having no accurate "operational definition" of counseling. In separate studies involving the use of videotape in the training of teachers, Tintera (1965) and Maccoby *et*. *al*. (1964) both reported on the importance of focusing student teachers on the important aspects of behavior rather than attempting to train for global results. Truax, Carkhuff, and Douds (1964) have suggested that, as an integral part of practicum, trainees be made aware of the relevant dimensions of counseling behavior inherent in meaningful interactions by presenting trainees with a model rated high in therapist-offered conditions. Thus, as one task during practicum, the counselor candidate becomes aware of the elements of effective counseling. In essence, he begins to understand the meaning of theory when translated into action. It should also be noted that this also provides the trainee with a framework within which he can "rate" his own counseling, thereby providing a motivational basis for change.

Procedure.--The question remains, how can this goal be realized during supervision? One approach might be to present counselor candidates with objective definitions of counselor behaviors which characterize effective counseling. Then, with these definitions in mind, they could be presented with a sample of a counseling interaction and, while observing, could actually describe the interaction in terms of the specified dimensions of counselor behavior. Thus, at the outset of training, trainees would be provided with a frame of reference which would help them bridge the gap between theory and practice.

2. The counselor candidate becomes sensitive to and understands a greater amount of client communication. There has been increased attention in recent years to the multidimensional nature of interpersonal communication. Both clinical experience and experimental investigations into kinesics and linguistics have led to the recognition that more occurs during a counseling session than an interpersonal interchange based solely on the lexical meaning of verbal communication. Although it is obvious that the counselor must be aware of the cognitive aspects of the client's problems he must also be cognizant of the connotive implications and affective themes permeating such client behaviors as body movements, posture, hand gestures, eye movements, tone of voice, and rate of speech. In essence, the counselor must be trained to hear with a third ear. Indeed, all the counselor's training in human behavior and dynamics goes for naught if he lacks such critical perceptive ability. One educational psychologist, Hamlin (1966), has suggested that students may, in fact, live out some fantasy of what they are in the world through the medium of gestures and posture. If this is so, the necessity of counselor awareness of all dimensions of client communication becomes a critical ingredient of training.

   Procedure.--In practice, exposure to client recall becomes a unique vehicle for increasing a counselor's awareness of the varying dimensions of client communication. While watching the recall session, the counselor can become aware of and sensitive to subtle meanings underlying the client's verbal and nonverbal behaviors. Thus, the use of recall techniques during training provide one means of increasing counselor awareness of client behavior.

3. The counselor candidate becomes aware of and sensitive

to his own feelings during the counseling session. Appel (1963) has noted that:

> The most significant resource a counselor brings to a helping relationship is himself. It is difficult to understand how a counselor unaware of his own emotional needs, of his expectations of himself as well as of others, of his rights and privileges in relationships, can be sensitive enough to such factors in his counselee.

There is widespread agreement that increasing counselor self-awareness is a critical dimension of an effective program of counselor training (Brammer and Shostrom, 1960; Wyatt, 1948; Bugental, 1964; Kell and Mueller, 1966; Patterson, 1964). The implications of such self-awareness become clear within the practicum situation. Here, face-to-face with a client the counselor must be aware of how his own dynamics, e.g., his need to be liked, to be potent, etc., interfered with implementing "good" counseling behaviors.

Kell and Mueller (1966) have suggested that a major source of supervisory material calculated to enhance counselor self-awareness eminates from a focus on those events within the counseling session that activate the counselor's anxieties and defenses and that precipitate impasses. This view is supported by comments of counselors during recall sessions. Frequently, counselors would convey an accurate understanding of the client, yet be inhibited from using their perceptions because of their own unrecognized needs.

Procedure.--Just as client recall provides insight into client dynamics, counselor recall provides a means of heightening the counselor's awareness of his own fears, attitudes, and feelings during counseling and sensitizing him to those blind spots which are often projections of his own unrecognized and nonunderstood problems and anxieties, thus freeing him to use himself as an effective therapeutic instrument. In addition, by actively engaging in the recall process itself, serving as an interrogator, the counselor "learns" to act on his clinical hunches and to rely on his perceptions. In short, he practices a new mode of behavior in which he must rely on his own feelings in helping the client during recall.

4. The counselor candidate becomes sensitive to the bilateral nature of the counseling interaction. There has been increasing emphasis of late, on the

dynamic nature of the counseling interaction and the ways in which the dynamics of both counselor and counselee may serve to expedite or inhibit the relationship. Kell and Mueller (1966) regard client behavior as a probable response to counselor behavior. Viewed in the light of reciprocal interaction, client behavior within the interview "reflects the unfolding and revealing of the client's basic problem as an interpersonal process". Thus, the counseling session itself may serve as a primary source of information for the counselor--for it is within this session that the counselee replays, in microscopic terms, his innermost concerns within an interpersonal framework. Jones (1966) has restated this microscopic theory by suggesting that:

> Human beings when confronted by a novel and challenging situation begin to master themselves in relation to that situation by recapitulating a telescoped version of their own life history in respect to it. Before learning to trust themselves in it . . . they may first become untrustworthy, in order to see what happens. They may then become too trusting, like children; then too big for their britches; then doubtful, then secure . . . the parameters and the rhythm of the process vary with the unit of observation. But the same recapitulative principle seems to guide human adaptation whether we take the epigenetic unit of the life cycle or the microgenetic unit of split-second perception.

Within this context, then, it becomes necessary for the trainee to be aware of his impact and influence and to understand the meaning of his interaction with this client. Perhaps even more important, however, the trainee needs practice at examining his relationship with the client using the counseling session itself and the client/counselor interaction as both subject and object of the counseling process.

Procedure.--In order to facilitate the maximum client/counselor interaction and communication within the counseling relationship, both client and counselor could be involved in mutual recall. While they view the replay of the counseling session together with the supervisor, they are encouraged to recall their feelings during the counseling session and to share these feelings with one another. A similar procedure was used in a study designed to accelerate the progress of therapy. It led to improved communication between counselor and client (See Section IV this report).

Summary

Viewed in context of the above tasks, the major goals of supervision are to assist the trainee to see himself as he really is and how he looks to his counselees, to help him understand himself and to be aware of his own feelings throughout the counseling session, to enable the trainee to "check out" his personal perceptions of his client and to appropriately communicate these impressions to the client, and to open the trainee to the channels of communication both verbal and nonverbal, existing between himself and his client.

Implications

It seemed clear that further research into the effectiveness of IPR as a means of supervising counselor candidates during practicum must build on the integration of knowledge gained from earlier work into the impact of videotape and stimulated recall with a theoretical framework for understanding the developmental tasks of counselors during training. A number of possibilities presented themselves as a result of such an integrated view.

Perhaps the most critical need was for the development of a sequential pattern of experiences which would allow the trainee to derive maximum benefit from the several dimensions of IPR. Such an approach would give the counselor candidate an opportunity to incorporate his insights into new patterns of behavior which could then be tried out and evaluated in terms of the impact on clients. In this way the "learnings" that took place during training could be reinforced by a patterning of experiences giving an opportunity for try out and client approval via recall.

Thus, for example, as the counselor viewed the client recall and became increasingly aware of the meaning of client communication and client reactions, he needed an immediate supervisory experience to help integrate these new insights and to balance the often debilitating impact of viewing the interrogation. In a counselor recall session, the trainee could explore with his supervisor those feelings which may have been too close or too threatening to face during the initial interview or which may have been brought to the surface while viewing the client recall session.

The following modifications of the IPR procedure seem to be suggested by the previous research:

1. The desirability of initially providing trainees with a conceptual framework of effective counseling which will serve to focus them on essential components of counselor/client communication.

2. The use of both client and counselor recall thereby (a) providing the counselor candidate with an opportunity to perceive the client in a new light, (b) providing an opportunity for the counselor to explore attitudes within himself which affect his counseling behavior, (c) tending to compensate for the traumatic effect of video confrontation which seems so prevalent in other studies, and (d) maximizing the learning process by providing immediate feedback for the counselor.

3. Increasing the length of the experimental treatment, thereby permitting the development of a sequential program of experience and adequate opportunity for integrating new learnings.

4. Having counselors serve as "interrogators" thereby giving them an opportunity to serve in a role in which the focus is on direct implementation of client/counselor communication.

5. Facilitating the development of an adequate supervisory relationship by providing contact between the trainee and a single supervisor during training.

Design and Methodology of the Study

An experimental research design was formulated which would permit the testing of the two general research questions formulated, namely, that: (a) the interview behavior of counselor candidates will change as a result of traditional practicum with individual supervision, but (b) supervision employing stimulated recall via videotape will be more effective than traditional supervision in bringing about changes in a counselor's interview behavior. In order to answer both these questions, the design had to permit comparisons of counselor interview behavior within experimental groups over time and treatment and between experimental groups after treatment. A schematic representation of this design is presented in Table 2.14.

(Insert Table 2.14

A pre-post design was used as the framework for answering the main research questions. It is evident that not all counselor candidates, even at the same stage of training, evidence the same degree of therapeutic skill or ability in interpersonal communication. Since the counselors participating

Table 2. 14 Schematic representation of the overall experimental design

Groups (N = 18)		Treatments		
Groups IPR	I_1	Video IPR Supervision (5 sessions)	I_2	________
				Analysis Between Treatment
Groups T	I_1	Traditional Supervision (6 sessions)	I_2	________
		Analysis over time and treatment		

in this study were volunteers[1] at varying stages of training, it became doubly important to have a measure of their initial level of functioning if an assessment of the effectiveness of either type of supervision, IPR or traditional, was to be made. The initial interview, the "pre-test", provided such a measure, serving as base line data for ascertaining the degree of behavior change resulting from each type of supervisory experience.

The pre-training measure also served as an additional check on the power of each of the supervisory procedures. All too often in designs comparing an innovation with a more traditional procedure, differences between groups on the criterion measure occur because there is little or no change within one group. Therefore, it seemed important to determine whether the supervised counseling experience afforded the traditionally supervised group changed a counselor candidate's interview behavior, in order to determine the relative effectiveness of the video supervisory techniques. Only in this way could answers be found to the questions of whether the video supervisory techniques were more effective than an intensive series of more traditionally oriented individual experiences and whether the traditional experiences employed were, indeed, "intensive'.

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[1] Students were permitted to use this experience in lieu of an independent study course required of M.A. students in counseling. Subjects were thus not volunteers in the usual sense. This experiment was, essentially, a course offering.

In addition, since all the supervisors were aware of the hypotheses under investigation and knew the groups to which trainees had been assigned, changes occuring in the interview behavior of the counselors in the traditionally supervised group could serve as, at least, a partial check on supervisor bias. If there were no changes in interview behavior within the traditionally supervised group over time, any post treatment differences existing between groups might not reflect the superiority of one method but rather the effect of supervisor bias. That is, the traditional approach might not have been used properly, supervisors might have been more familiar with IPR supervision, or perhaps the supervisors were more enthused about one of the two treatments.

In regard to the first two possibilities, it should be noted that, while supervisors were admittedly knowledgeable in IPR procedures, the major portion of their supervisory experiences, both in terms of their own training and supervising, had been with what is here termed traditional supervision. Furthermore, if differences in interview behavior were observed both within groups over time and between groups, one would either have to make the assumption that the supervisors worked just hard enough to insure changes within the traditionally supervised group, but changes that were not too great, or discount supervisor bias as a major factor influencing the results. Certainly, in view of our present state of knowledge about supervision and the supervisory process, it does not seem likely that supervisors have either the control or skill to so influence the outcomes of supervision.

Finally, judges' ratings of each trainee's initial interview provided a basis for matching trainees on their initial counseling ability as well as their level of training. This provided a measure of control over the possibility of large initial differences between groups with relatively small "n's", as well as affording a means of investigating the possible differential potential for change at varying levels of ability.

Description of the Experimental Procedures

A detailed summary of the experimental procedures within the framework of the overall design is presented in Table 2.15 followed by a discussion of the experimental procedures.

Table 2.15 Summary of the experimental procedures

	IPR Supervision	Traditional Supervision
Pre-Session	a) 30 minute initial counseling session between each trainee and high school client. The initial interview served as a measure of a trainee's counseling behavior at the outset of training. Trainees were matched on the basis of professional judges' ratings of their initial session using the total score on the Counselor Verbal Response Scale (CVRS) as the criterion and then randomly assigned to treatment groups.[a] b) The supervisor and counselor viewed a pre-selected video taped counseling session between an experienced counselor and a high school client. The tape served as a controlled stimulus for a discussion of the dimension of counselor communication leading to client movement—using the dimensions of the CVRS as a point of reference.	
	IPR	Traditional
Session #1	a) 30 minute counseling interview with a high school client.[b]	a) 30 minute counseling interview with a high school client.[b]
	b) 15 minute client recall with supervisor conducting recall session while counselor watches through one-way mirror.	b) 60 minute supervision using audio tape.
	c) 45 minute counselor recall with supervisor.	

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[a] This procedure was followed during the first two quarters. Because of problems with equipment, this procedure could not be strictly followed during the final quarter. For the final quarter, subjects were randomly assigned to the treatment groups. The Kruskal-Wallis one-way analysis of variance by ranks for the final quarter indicated no significant differences between groups. Except for this deviation from the initial design, all other experimental procedures, including the initial pre-training interview, were followed.

[b] Pre and post interviews were initial contacts with a high school client. Interviews 1 through 6 were mainly with high school clients although some college students also were used as clients.

Table 2.15 continued

	IPR Supervision	Traditional Supervision
Session #2	a) 30 minute counseling interview. b) 20 minute client recall with supervisor conducting recall session while counselor watches through one-way mirror. c) 40 minute counselor recall with supervisor.	Same as Session #1.
Session #3	a) 30 minute counseling interview by Counselor A. b) 30 minute client recall conducted by Counselor B while Counselor A watches through one-way mirror.[c] c) 30 minute counseling interview by Counselor B. d) 30 minute client recall by Counselor A while Counselor B watches through one-way vision mirror.	Same as Session #1.
Session #4	Same as Session #3.	Same as Session #1.
Session #5	a) 30 minute counseling interview. b) 60 minute client recall with supervisor and counselor conducting recall together.	Same as Session #1.
Session #6	None	Same as Session #1.
Post-session	30 minute initial counseling session between each trainee and a high school client.	

[c] Trainees were paired on the basis of scheduling convenience.

Pre-Training

Immediately following each counselor's initial interview (pre-session), and before assignment to treatment groups, each counselor and supervisor viewed the same video tape of an interview between an experienced counselor and a female high school client. The intent of this session was to provide the counselor candidate with a common framework within which to conceptualize the counseling interaction.

Trainees were each presented with the same model of counseling behavior which permitted the supervisor to focus on those dimensions of counseling which were characterized by specific counselor behaviors and which had been previously defined as behaviors important for novices to learn. It was these behaviors which formed the basis of the Counselor Verbal Response Scale. During the replay either counselor or supervisor could stop the video tape at any time to discuss the counselor/client interactions. Typically, the discussion focused on whether the counselor:

1. dealt with the affective or cognitive concerns of the client,
2. followed the client attempting to (a) understand his mood, feeling, and emotion; (b) recognized the underlying content of his statement; and (c) responded in the appropriate manner and at the appropriate level,
3. allowed and encouraged the client to explore his feelings,
4. concentrated on the central or core issues, helping the client specify the focus of his concerns, rather than on peripheral or incidental matters,
5. maintained the focus on the client and the interaction between client and counselor,
6. conveyed by his verbal and nonverbal behavior that he understood or was attempting to understand the client.

As the training session progressed, the trainee judged each counselor response in terms of the dimensions used on the Counselor Verbal Response Scale, deciding whether a response (a) referred to affect or cognition, (b) reflected understanding or nonunderstanding, (c) focused on specific or peripheral concerns, and (d) encouraged or limited client exploration.

Thus each trainee was provided with a model which could be used for comparison with other models and which, at the same time, served as a framework within which the trainee could order and evaluate his own counseling. It should be noted that the counselor behaviors described are not tied to any one theoretical position but rather stress what seems to be essentials of interpersonal communication rather than technique (Truax and Carkhuff, 1963).

In addition to focusing the counselor candidates on specific counselor behaviors, this initial session also served to introduce trainees to both verbal and nonverbal elements of client communication, in essence providing the counselor candidate with training in both listening and looking. Thus, this session served to increase the trainee's awareness of client behavior by "teaching" them what to look for during the course of the interview.

Video Supervision

As outlined in Table 2.15, the video treatment falls into three distinct yet sequential phases. Phase 1, sessions 1 and 2, combines client and counselor recall. In phase 2, sessions 3 and 4, the counselor was paired with a colleague, listened to his client's recall as his colleague served as interrogator, and then served as interrogator with his partner's client. In the final phase, session 5, the counselor candidate and supervisor together conducted a recall session with the client.

Phase 1.--During sessions 1 and 2, the trainee held a 30-minute counseling session with a client. Immediately after the session, the supervisor replaced the counselor in the counseling room and conducted a 15-20 minute video recall session with the client while the counselor watched the recall through a one-way mirror.[2] At the conclusion of the client recall session, and after the client had left, the counselor returned to the counseling room where he and the supervisor viewed a replay of the interview. During this counselor recall session, the supervisor attempted to focus the trainee on the meaning of his behavior and its effect on the client, drawing on material developed during the client recall as well as the counselor's own recalled feelings upon viewing the replay of the counseling session.

Phase 2.--For the second phase of video supervision, sessions 3 and 4, counselors were paired on the basis of compatable schedules. While one member of the pair worked with a client, his partner watched over the T.V. monitor in the adjoining room. Following the counseling session, the partner conducted the recall session with the client, assuming the role of interrogator. These roles were then reversed. Thus, during this phase of training, each trainee had two experiences in the interrogator role.

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[2] Both a one-way vision mirror and a T.V. monitor were available for viewing the interview or recall. Counselors or supervisors could use either means of viewing.

The intent of phase 2 was to give each trainee an opportunity to experience the effect of a new mode of behavior on both the client and himself. Although the role of the interrogator and counselor may differ, the behaviors which characterize effective interrogation are similar to effective counselor behaviors. Thus, the interrogator is instructed to focus on underlying affect and meaning, to help the client delineate the focus of his concerns, and to encourage the client to explore the meanings of his behavior especially in interaction.

Phase 3.--In the final phase of the video treatment (session 5) a variation of the basic IPR format was used. Instead of leaving the room after the counseling session, the counselor remained with the client and the supervisor during the recall. The supervisor, acting as interrogator, began by asking the client the usual questions about underlying feelings. As the session progressed, the counselor was encouraged to join in the recall not merely in "probing" the client but in revealing his own feelings and understandings. Gradually, the supervisor/interrogator physically moved back, encouraging the counselor and client to continue the recall together, interrupting only to maintain the focus of the session on the videotaped replay.

Traditional Supervision

In order to equate client contact time and to provide the strongest supervisory experience for this group, the traditionally supervised counselors had 6 client contacts, each of which was immediately followed by one hour of supervision. Like the video group, all interviews were held in the IPR room under simulated video conditions,[3] with all sessions being audiotaped. The goals of supervision and the supervisory focus for this group were the same as those for the IPR group. Typically, the supervisors maintained the focus on the counselor/client interaction, attempting to promote greater self-awareness within the counselor as well as his understanding of interview dynamics.

These traditional supervisory procedures were, as much as possible, responsive to each student's individual needs and as intensive as possible. In general, supervisors were committed to a supervisory role which was more like counseling itself. However, the supervisors continually tried to maintain their focus on helping the counselor understand his own dynamics as they affected his relationship with his client.

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[3] As many interviews as possible were actually videotaped and replayed for the counselors after their final interview.

Supervisors

Supervision of all trainees was conducted by members of the IPR staff who were randomly assigned to an equal number of counselor candidates in each treatment group. Since it was deemed important that supervisors establish a positive relationship with the supervisees, each supervisor worked with a trainee through all training sessions. This procedure equated supervisors across both groups while, at the same time, permitting the establishment of an effective supervisory relationship.

On occasion, scheduling conflicts necessitated the absence of a supervisor. However, this situation occurred only six times in over two hundred supervisory contacts and did not seem to have a significant impact on the supervisory relationship affected.

Because of the importance of supervisors being trained in IPR procedures, all supervisors were members of the IPR staff with prior supervisory experience. These supervisors knew the research hypotheses and, because of the obvious differences in supervisory procedures, knew the experimental group to which trainees had been assigned. Nevertheless, random assignment of these supervisors to trainees in both treatment groups and reliance on their professional attitudes seemed more advisable than attempting to match supervisors across groups, especially in the light of the current state of knowledge concerning the characteristics of effective supervisors, or using supervisors unaccustomed to the IPR procedures or the use of video tape. In addition, the procedure finally adapted had the advantage of assuring a common frame of reference within supervisors across groups. Thus, equality of supervisor skill, background, and training was assured across treatment groups quarter by quarter.

As noted earlier, because IPR is new, all of the supervisors had been trained "traditionally" and had themselves supervised "traditionally". In addition, any evidence of within group changes in counseling behavior for the traditionally supervised group served as at least a quasi control on possible supervisor bias.

Clients

The majority of clients for sessions 1 through 6 were students from area junior and senior high schools who indicated an interest in educational, vocational or personal-social counseling.

These clients were typical of practicum clients at Michigan State University. A small number of clients were college students enrolled in an introductory course in Educational Psychology who also indicated an interest in talking with a counselor.[4] Clients were assigned to counselors on the basis of schedule compatability with counselors generally working with two or three clients during the course of training. However, because counselors often came from a distance of over 100 miles it was, on occasion, necessary to role-play interviews, rather than cancel sessions because of last-minute client cancellation.[5] In these cases, members of the IPR staff, but not the supervisor, or else office secretaries served as clients.

All clients were aware that the interviews were both audio and videotaped and no attempt was made to conceal either the cameras or the microphone. However, each client was informed that the tapes would be used only in supervision. Clients for the control group were shown the video tapes of their sessions only after termination with the counselor.

Criterion Interview

Clients for both the initial interview and the post-treatment criterion interview were tenth grade students from local high schools drawn from the total client population. A particular age-grade level was selected since it was assumed that these clients would be facing relatively similar developmental tasks and therefore presenting somewhat similar problems to the counselor. It was hoped that this approach would at least minimally equate clients across counselors while, at the same time, avoiding the problems involved in using a coached client (See Chapter 1, this Section).

Sample

The counselors participating in this study were masters degree candidates in the Department of Counseling, Personnel Services and Educational Psychology at Michigan State University. All degree candidates as of Spring, 1966 were informed of an opportunity to receive additional supervised counseling experience by participating in a research project. Subjects were told that while they would receive supervised counseling experience, this would not substitute for practicum on their program. Credit for independent study was given to participants. Because of the small number of enrollees in the regular university practicum during the academic year, it was not feasible to use practicum as a source of subjects. More important, however, was the need to control the entire supervisory process, providing a single supervisory modality during training if there was to be an adequate evaluation of new approaches to supervision. Obviously, this could only be done outside of the regular university practicum which includes other experiences in addition to individual supervision.

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[4] Within the regular university practicum, it is common practice for students in introductory classes in guidance to serve as clients.

[5] There was no consistent bias in favor of either treatment group in the assignment of real versus role-played clients.

An attempt to control the variability in counseling skills inherent in a population representing all levels of experience was made by using a randomized block design. However, the very variability in subjects provided an opportunity for investigating the impact of supervised experience with counselors at several ability levels and at various stages in training.

The final sample was composed of thirty-six graduate students. The number of trainees in any quarter was dictated by the availability of the physical facilities and the schedules of the supervisory personnel. Eight trainees participated during the first quarter and fourteen during each of the next two quarters.

Because of the third quarter departure from the pairing procedures used during the first two quarters prior to randomly assigning subjects to groups, the total initial interview score for the two groups across all dimensions of the CVRS were compared. In addition, the groups were also compared on a number of other variables which would have influenced the outcomes of training, namely: (1) level of experience, (2) sex, (3) age of subjects, (4) grade point average in guidance courses, and (5) number of professional courses in Counseling and Guidance. Analysis of this data yielded no evidence to suggest that either group had a pre-experimental advantage on any of the variables considered (See Appendix

Instrumentation

Two criteria were used to measure trainee effectiveness, the Counselor Verbal Response Scale (Described in Chapter II, this Section), and the Wisconsin Relationship Orientation Scale (WROS, Steph, 1963).

Wisconsin Relationship Orientation Scale

There exists ample evidence in the counseling literature to suggest that a critical element of effective counseling is the ability of the counselor to establish a meaningful personal relationship with the client. If this is so, it seemed likely that the client's perception of the relationship might well serve as a measure of the degree to which the counselor was able to communicate such qualities as empathic understanding and positive regard. The Wisconsin Relationship Orientation Scale (WROS, Steph, 1963) was used to determine the nature of the relationship existing between counselor and client, as perceived by the client. In using the scale, the client is asked to indicate how he feels about the counselor in terms of five steps which range from total avoidance of the counselor to the feeling of probably being able to talk with the counselor about almost anything.[6]

Judging of the Criterion Tapes

Nine advanced doctoral candidates in both clinical and counseling psychology, all with prior counseling experience, served as judges for the rating of the criterion tapes. A different set of judges rated the criterion tapes during each term, rating both the pre and post tapes. Because of the necessity of rating pre-tapes for pairing subjects and the necessity of re-using video tapes, it was impossible to use a set of judges who could rate all tapes at the conclusion of the study. To insure maximum commonality in rating across all judges, each judge was trained in the use of the Counselor Verbal Response Scale with a series of pre-selected counseling tapes. During the training sessions, the tapes were stopped at pre-selected points and the ratings of the judges compared. Discussion of the ratings continued until there was evidence of ample agreement among the judges or a common interpretation of the dimensions of the rating scale.

The video tapes were randomly presented to the judges during the rating sessions. Judges rated twenty consecutive counselor responses drawn from the middle of an interview. It was felt that this procedure avoided the rating difficulties associated with the initial and terminal phases of the interview. Tapes were started at the fifth minute of the interview. Prior to rating, judges viewed approximately two or three minutes of the tape in order to gain an understanding of the pace and content of the interview and to get accustomed to the sound and visual quality of the video tape. Judges then rated twenty consecutive counselor responses.

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[6] See Appendix C.

Analysis of Data

Because the samples were not paired during all three terms and use of a volunteer sample raised some question about the comparability of subjects across terms, it was necessary to determine whether the samples for each of the three quarters were drawn from the same population before the data could be grouped for analysis. To do this, the Kruskal-Wallis one-way analysis of variance by ranks was used. The total initial interview scores across all dimensions of the CVRS were obtained the trainees were ranked by total score. The sum of the ranks were then obtained for each of the three samples. The test statistic (assuming no ties) is then:

$$H = \frac{12}{N\ (N + 1)} \sum_{i = 1}^{k} \frac{R_i 2}{h_i} -3\ (N + 1),$$

Where N = $\sum^{3}$, i = 1, and R = the sum of the ranks of the ith sample.

Large values of H lead to rejection of the null hypotheses that there is no difference in the three samples. If the samples are not too small, H is approximately distributed as chi-square. Analysis of the ranks from the pretest interview yielded an H = .16 indicating that the three samples were drawn from the same population. It was therefore assumed that data from all three quarters could be grouped for analysis.

In creating pairs for the third quarter, subjects were ranked within each experimental group with the highest ranking counselors in each group being treated as one pair and so forth.

The rankings of the subjects for the final quarter were compared using the Kruskal-Wallis one-way analysis of variance by ranks. Analysis of the ranks for the groupings of the third quarter counselors yielded an H = .01 indicating that the two samples were drawn from the same population. Inspection of the rankings indicated that random assignment had, in fact, yielded actual pairs for the top two and bottom two pairs respectively. While the three pairs in the middle of the sample were not actual pairs, the bias was consistently in favor of the traditionally supervised group. It was therefore appropriate to use a t test for the difference between the means for paired observations and equated groups in testing the differences within groups, between pre and post measures and between groups of the post measure.

Differences Within Groups After Supervision

A *t* test for paired observations was computed for each of the five dimensions of the Counselor Verbal Response Scale to determine whether a significant difference in means existed pre to post for both the IPR supervised group and the traditionally supervised group. The results of these analyses are summarized in Tables 2.17 and 2.18.

Table 2.17 Comparison of pre and post treatment means on each dimension of the CVRS for the IPR supervised group

Dimension	N	Pre Mean	Post Mean	t	p
Affective	18	3.30	7.74	6.42	.001
Understanding	18	6.00	13.05	8.81	.001
Specific	18	3.35	9.33	7.57	.001
Exploratory	18	5.81	12.18	7.68	.001
Effective	18	4.06	10.57	9.97	.001

Necessary: *t* .05 1.74 for 17 degrees of freedom
Necessary: *t* .01 2.57 for 17 degrees of freedom

Table 2.18 Comparison of pre and post treatment means on each dimension of the CVRS for the traditionally supervised group

Dimension	N	Pre Mean	Post Mean	t	p
Affective	18	3.13	5.37	5.46	.001
Understanding	18	5.76	8.48	6.97	.001
Specific	18	3.24	5.85	5.02	.001

Table 2.18 continued

Dimension	N	Pre Mean	Post Mean	t	p
Exploratory	18	5.57	8.76	6.78	.001
Effective	18	4.18	7.50	7.36	.001

Necessary: t .05 1.74 for 17 degrees of freedom
Necessary: t .01 2.57 for 17 degrees of freedom

A t value of 1.74 for a one-tailed test of significance with 17 degrees of freedom is necessary before chance differences within treatment groups can be rejected at the .05 level of confidence. Inspection of Tables 2.17 and 2.18 reveal t values greater than 1.74 on each dimension of the CVRS. It seems clear therefore that both supervisory approaches were effective in bringing about changes in a counselor's interview behavior.

Because the investigation extended over three separate terms with differences in subjects as well as supervisors and raters each term, it was deemed important to determine whether the behavior changes observed within both treatment groups were influenced by unique conditions existing during any single term. Because of the small n for each treatment group by term, four, seven, and seven respectively, few statistical procedures seemed appropriate. However, inspection of the pre to post differences within groups by quarters on each dimension of the CVRS (Tables 2.19 and 2.20) indicates a consistent pattern of changed interview behaviors within groups across quarters.

Table 2.19 Mean change pre to post on each dimension of the CVRS for the IPR supervised group quarter by quarter[a]

		DIMENSION				
Quarter	N	Aff.	Und.	Spec.	Exp.	Eff.
I	4	5.00	8.49	7.41	6.35	6.25
II	7	4.47	7.00	6.04	6.62	7.05
III	7	4.94	6.29	5.94	5.86	6.14

[a]Change score = post mean - pre mean

Table 2.20 Mean change pre to post on each dimension of the CVRS for the traditionally supervised group quarter by quarter[a]

Quarter	N	Aff.	Und.	Spec.	Exp.	Eff.
I	4	1.66	2.25	1.92	1.83	1.58
II	7	2.00	2.79	3.33	2.95	3.90
III	7	2.81	2.91	2.18	5.19	4.29

[a] Change score = post mean - pre mean

Differences Between Groups After Supervision

A t test for paired observations was computed across all 18 pairs of counselors to determine whether a significant difference in means existed between the IPR supervised group and the traditionally supervised group on judges' post ratings using the Counselor Verbal Response Scale and client ratings on the Wisconsin Relationship Orientation Scale.

CVRS.--The results of the analyses on each of the five dimensions of the Counselor Verbal Response Scale are presented in Table 2.22.

Table 2.21 Comparison of post interview scores on each dimension of the CVRS between pairs of IPR supervised and traditionally supervised counselors

Dimension	IPR Mean	Trad. Mean	S.E. Diff.	t	p
Affect	7.74	5.37	.93	2.94	.005
Understanding	13.05	8.48	1.00	4.57	.0025
Specific	9.33	5.85	1.05	3.31	.005

Table 2.21 continued

Dimension	IPR Mean	Trad. Mean	S.E. Diff.	t	p
Exploratory	12.18	8.76	1.12	3.05	.005
Effective	10.57	7.50	1.07	2.95	.005

Necessary: *t* .05 1.74 for 17 degrees of freedom
Necessary: *t* .01 2.57 for 17 degrees of freedom

For a one-tailed test of significance with 17 degrees of freedom, a *t* value of 1.74 is necessary in order to reject the null hypothesis of no difference between groups. The data presented in Table 2.21 reveals significant differences between IPR supervised and traditionally supervised counselors on each dimension of the Counselor Verbal Response Scale.

As with the data for within group changes, an inspection of mean between group differences, quarter by quarter, on each dimension of the Counselor Verbal Response Scale reveals comparable differences by quarter. This data is presented in Table 2.22

Table 2.22 Mean post-interview differences between pairs of IPR supervised counselors and the traditionally supervised counselors on each dimension of the CVRS quarter by quarter

Quarter	No. of Pairs	DIMENSION				
		Affect.	Und.	Spec.	Exp.	Eff.
I	4	2.25	6.16	5.16	4.92	3.42
II	7	2.23	4.05	3.00	2.96	2.67
III	7	2.61	4.19	3.85	2.05	2.72

While not replication in the strictest sense, this data suggests that the observed behavior changes and differences between groups can not be attributed to any unique factor operating during any one quarter.

WROS.--A t test of differences between mean client ratings of counselors in both groups on the Wisconsin Relationship Orientation Scale yielded differences corresponding to those found on the Counselor Verbal Response Scale. An inspection of the data presented in Table 2. 23 indicates a significant difference between groups in terms of the client perceived relationship.

Table 2. 23 Mean client ratings of counselor/client relationship using the WROS

	IPR	Traditional	S.E. Diff.	t	p
WROS	3.94	3.00	.42	2.238	.025

Necessary: t .05 1.74 for 17 degrees of freedom
Necessary: t .01 2.57 for 17 degrees of freedom

On the WROS, a rating of "4" is defined as a willingness on the part of the client to talk with his counselor about many of his personal concerns, while a rating of "3" indicates the client's willingness to talk to the counselor about factual, e.g., educational or vocational concerns, and some of the personal meanings connected with these.

An inspection of the group means quarter by quarter, Table 2. 24 also shows consistent differences between groups. It seems likely that the larger means for Term I are an artifact of the small sample size rather than the effect of any differences in treatments.

(Insert Table 2. 24 here)

Descriptive Analysis.--Despite the evidence of differences existing within groups and between groups, the statistical analyses could not reveal all the meaning of the data. That is, it might be helpful to compare the interview behaviors of the trainees in this study with the interview behaviors of other counselors or counselor candidates at known levels of training.

Table 2.24 Mean client ratings of counselor/client relationship using the WROS quarter by quarter

Quarter	N	IPR	Traditional	Difference
I	8	4.75	3.25	1.50
II	14	3.57	2.71	.86
III	14	3.94	3.00	.94

Two sources of data were available for such a comparison: (1) the ratings of the four-minute tape segments of the forty-five M.A. and eight Ph.D. counselors involved in the initial study (reported in Chapter I of this Section) and rated as part of the reliability and validity studies into the CVRS and (2) the pre-interview ratings of those counselors participating in the present study who had already completed practicum. Since the interview situations were not directly comparable, no statistical comparisons were made. The interview segments from the initial IPR study represented timed segments of a longer interview with a coached client. While the pre-treatment interviews of all subjects in the current study were comparable, at least one to three terms had elapsed since some of these subjects had completed their previous practicum. Finally, the small n involved in some of the possible comparisons dictated a descriptive comparison.

A comparison was made of the pre-treatment interview behavior of the eleven counselors in the current study who had already completed practicum with the interview behavior of the forty-five M.A. counselors from the initial IPR study who had also completed practicum. As indicated in Table 2.25 , there were distinct similarities in the pattern of interview behaviors exhibited by those counselors who had already completed their supervised experience. At the same time, however, there are clear differences between the interview behaviors of trainees who had not as yet had practicum and the behaviors of those counselors who had completed this phase of their training.

Table 2.25 Descriptive comparison of counselors at various levels of training on each dimension of the CVRS

	N	DIMENSION Aff.	Und.	Spec.	Exp.	Eff.
Practicum[a]	45	4.33	9.66	5.50	8.56	6.99
Practicum[b]	11	5.76	11.82	5.67	8.88	7.21
Non-Practicum[b]	25	2.09	3.67	2.25	4.33	2.76

[a] Counselors in initial IPR study

[b] Counselors in current study - Pre-treatment interview

Comparisons of post-treatment interview behaviors of counselors in the current study with the interview behaviors of Ph.D. candidates and trainees having completed their university practicum at the M.A. level yield the following observations:

1. The interview behaviors of the five trainees who had already completed their university practicum and then had IPR supervision were described as more affective, understanding, specific, exploratory, and effective than the interview behaviors of the Ph.D. candidates in the initial IPR study. In addition, an inspection of Table 2.26 reveals that the interview behaviors of those trainees who had completed practicum and

Table 2.26 Comparison of post-treatment interview behaviors of counselors having completed regular university practicum with behaviors of Ph.D. candidates

	N	Aff.	DIMENSION Und.	Spec.	Exp.	Eff.
Ph.D.[a]	8	10.04	14.08	10.04	14.17	12.42
IPR Supervision[b]	5	10.87	15.33	12.33	14.93	13.67
Trad. Supervision[c]	6	9.11	13.50	9.44	11.83	11.89

[a] Counselors in initial IPR study

[b] Practicum, IPR supervision

[c] Practicum, Traditional supervision

1. (continued) then had additional individual supervision as part of the current study, while comparable to the behaviors of Ph.D. candidates were, nevertheless, less affective, understanding, specific, exploratory, and effective.

2. After IPR supervision, the pattern of interview behaviors exhibited by trainees who had not as yet been enrolled in the regular university practicum falls between the behavior patterns of Ph.D. and M.A. counselors (Table 2.27)

Table 2.27 Comparison of post-treatment interview behaviors of counselors having IPR supervision but not practicum with behaviors of counselors having completed practicum

		DIMENSION				
	N	Aff.	Und.	Spec.	Exp.	Eff.
M.A.[a]	45	4.33	9.66	5.50	8.56	6.99
Practicum[b]	11	5.76	11.82	5.67	8.88	7.21
IPR Supervision[c]	13	6.54	11.41	8.18	11.13	9.38

[a] Counselors in initial IPR study

[b] Counselors in current study - Pre-treatment interview

[c] No practicum, IPR supervision

3. The pattern of interview behaviors exhibited by those trainees who had not as yet been enrolled in the regular university practicum but who had received traditional individual supervision as part of this study while comparable to the behaviors of M.A. counselors were somewhat less affective, understanding, specific, exploratory, and effective. (See Table 2.28)

(Insert Table 2.28 here)

Table 2.28 Comparison of post-treatment interview behaviors of counselors having traditional supervision, but not university practicum with behaviors of counselors having completed practicum

	N	Aff.	DIMENSION Und.	Spec.	Exp.	Eff.
Practicum[a]	45	4.33	9.66	5.50	8.56	6.99
Practicum[b]	11	5.76	11.82	5.67	8.88	7.21
Trad. Supervision[c]	12	3.95	8.80	4.06	7.22	6.31

[a] Counselors in initial IPR study

[b] Counselors in current study - Pre-interview

[c] No practicum, Traditional supervision

Reliability of Judges' Ratings

The analysis of variance technique outlined by Ebel (1951) was used to test for agreement (reliability) among judges' ratings of the criterion interviews (both pre and post treatment). The intraclass correlations indicating the reliability of individual ratings and average ratings for each set of judges across tapes and responses (items) are presented in Table 2.29.

While reliability coefficients were calculated both across tapes (interviews) and individual responses (items), the former is more applicable in view of the use made of the ratings. Because the CVRS requires judges to describe individual counselor responses, an estimate of inter-judge agreement across responses was computed and is reported. However, comparisons between counselors were made in terms of each counselor's modal interview response pattern, that is the average number of responses rated affective, understanding, specific, exploratory, and effective. Therefore, inter-judge agreement across tapes seemed a more pertinent statistic for the purposes of this study. The data from this analysis is also presented in the following table.

In addition, reliability coefficients for both individual and average ratings were calculated, but the latter seem more appropriate since judges' ratings of each counselor's interview behavior were added together and then averaged. These average ratings were then used as the criterion for testing the hypotheses.

Table 2.29 Intraclass correlation reliability estimates of individual and average ratings calculated for judges' ratings across tapes and counselor responses on each dimension of the CVRS

			Intraclass Correlation Dimension				
		N	Aff. Cog.	Und. N.Und.	Spec. N.Spec.	Exp. N.Exp.	Eff. N.Eff.
I	Tapes						
	Average[a]	16	.93	.96	.90	.81	.95
	Individual[b]	16	.82	.90	.76	.59	.86
	Responses						
	Average	320	.88	.88	.80	.94	.82
	Individual	320	.72	.71	.57	.85	.60
II	Tapes						
	Average	28	.93	.96	.93	.96	.96
	Individual	28	.81	.87	.80	.87	.89
	Responses						
	Average	560	.87	.88	.84	.86	.88
	Individual	560	.69	.71	.64	.67	.71
III	Tapes						
	Average	28	.93	.94	.92	.92	.93
	Individual	28	.83	.83	.80	.79	.82
	Responses						
	Average	560	.88	.82	.85	.80	.84
	Individual	560	.71	.61	.66	.58	.64

[a] $$r_k = \frac{M_x - M}{M_x}$$

Where M = mean square for error
M_x = mean square for persons
k = number of raters

[b] $$r_1 = \frac{M_x - M}{M_x - (k-1)M}$$

Discussion

Before conclusions and implications can be drawn from the data, there are several questions relative to the research design and methodology which must be considered. One critical question concerns the extent to which possible supervisor bias may have favorably influenced the outcomes of the study. Certainly the very fact that supervisors knew the research hypotheses and the group (IPR or traditional) to which the trainee had been assigned, raises questions about interpretation of the results.

While the possibility of such bias cannot be totally discounted, the data itself tends to minimize the assumption of such supervisory control. It is true that the post interview behaviors of the IPR supervised counselors were significantly different from those of the traditionally supervised counselors (Table 2.21), however significant pre to post changes in interview behavior were also observed for counselors within both treatment groups (Table 2.17 and 2.18). If one is to accept the possibility of supervisor bias influencing the results, one would also have to assume, in light of the changes observed within groups, that supervisors were able to exert a significant degree of control over the supervisory process to cause significant changes within the traditional treatment group and even greater change in the IPR group. In view of the current state of our knowledge about the supervisory process and the many variables involved in the course of training, it seems unlikely that supervisors could so control the interview outcomes of supervision. One would also be hard pressed to explain why any such supervisory bias had not been of equal influence in the initial study, reported in Chapter I of this Section.

However there still exists the possibility that the supervisors' possible enthusiasm or preference for IPR supervision was conveyed to the counselors, thereby affecting their motivation. However, the records of counselor participation gives no evidence of greater interest and/or motivation between groups. Counselors in both groups regularly kept appointments even during adverse weather conditions and often continued client contact after termination of training. Furthermore there is evidence from the written comments of the participants two months after completion of training, that the counselors in both groups perceived their experiences as being positive and observed a noticeable change in their counseling behavior. While such self-reports are admittedly subject to a halo effect, they nevertheless tend to suggest that supervisors communicated their concern and interest to the trainees regardless of the type of supervision offered.

Is it possible that the counselors in the traditionally supervised group felt short-changed by not immediately viewing the video tapes of their counseling session? Again, the self-reports of counselors yield no support for this assumption. In addition, while all counselors were aware of the fact that the interviews were videotaped, they were told that one variable under consideration was the timing of viewing the replays. Since counselors were not aware of the "other" treatment there seems no reason to believe that counselors were somehow affected by virtue of being assigned to the traditional treatment group.

There are also a number of questions which may be raised about the procedures used to determine pre and post treatment interview behavior. One question centers around the adequacy of judges' ratings of a single interview, and indeed only a small portion of that interview, for making judgments about an individual counselor's behavior. While there is no clear-cut answer to this question, Hart (1961) has observed that a four-minute interview segment is as reliable a sample unit for rating a counselor's behavior as any other time unit. In this case a twenty-response segment of the interview was used. In most cases this represented from fifteen to twenty minutes of a thirty-minute interview. The results of the validity study of the CVRS in which four-minute interview segments were rated, indicated that differences in counselors' interview behavior were observable even within time segments shorter than those used to obtain the current results.

Another flaw, existent in most counselor rating systems, is the assumption that the counselor is the sole contributor to the progress of the interview. However, often, the same counselor may "look good" with a highly motivated client while experiencing difficulty with the more reluctant counselee. In this case, counselees for both pre and post treatment interviews were volunteers presumably equally motivated for counseling. Furthermore, one must assume that random assignment of clients to counselors in both treatment groups served to control for possible counselee variables.

Were the pre training and post training interviews, conducted with different clients comparable? Obviously there were client differences, however, rating a fourth or fifth interview with the same client, while a desirable procedure, was not possible because of the need to provide each trainee with a variety of clients and the early termination of most practicum counselees. In addition, all clients for the IPR counselors were exposed to client recall after each counseling session. Ratings of any but the initial session for these counselors would have been subject to some contamination. It would be difficult to determine if changed interview behavior resulted from change within the counselor, client, or an interaction. While two ratings of one counselor with the same counselee were not obtained, the comparison of ratings at the beginning of training and at the end of training, although the counselees were different, is defensible on the assumption that counselor responses characterized as affective, understanding, specific, and exploratory are characteristic of effective counselors regardless of the client. To the extent that this is so, the effective counselor can be assumed to respond in this manner in most all counseling situations. Furthermore, the use of client ratings of the WROS served as a check on the judges' ratings of the counselor, indicating greater client willingness to relate with the IPR supervised counselors. Certainly the ability to create an atmosphere in which a positive relationship can exist is a necessary ingredient to successful counseling. Evidently the IPR supervised counselors were able to develop the beginnings of such a relationship within the initial interview.

In summary then, the differences observed in the behaviors of counselors in the two treatment groups (significant at the .005 level) and the client ratings of their perceptions of the existing relationship (significant at the .025 level) strongly suggest that the sequential pattern of IPR supervisory experiences used in this study are a viable and effective means of educating counselors during practicum.

Implications for Counselor Education

Prior to counsidering the implications of the results of this study for practicum supervision it seems appropriate to discuss some of the clinical observations gleaned from a review of the counseling tapes and the supervisory and recall sessions. These clinical observations may help answer the question of why the video procedures were more effective than the traditional supervisory approach in changing a counselor's interview behavior.

Clinical Observations

In many instances, practicum poses an unique problem for the counselor candidate for it is at this point that he must make the transition from theory to practice. For all counselors, those who had not as yet taken practicum as well as those who had already completed practicum, the initial training session during which they viewed a videotaped interview and discussed the concrete dimensions of counselor/client communication seemed to provide a bridge for making this transition. In essence, counselors were shown what was expected of them in terms of a concrete model of client/counselor communication. While such a focus did not necessarily lessen the anxiety associated with supervision and the initial client contact, it did seem to give direction to the counselors' efforts. Indeed, one of the counselors who had already completed practicum commented, at the end of the IPR supervision, that not enough time was spent on the discussion of the dimensions of interpersonal communication since this provided him with a focal point from which to evaluate his own counseling. Perhaps it is not far fetched to liken this initial training session to the development of counselor "readiness". It seemed that once the counselor had a framework for understanding interpersonal communication he was then ready for an actual counseling experience and supervision.

The initial client recall sessions exposed the counselor to some client feedback (perhaps as much as previous studies suggested he could assimilate at the outset of training). Counselor comments later suggested that these initial client recall sessions provided a number of insights. Counselors frequently noted their preoccupation with themselves rather than with the client, along with a greater awareness of the underlying implications of a counselee's verbal and nonverbal behavior. At the same time the counselors suggested that the supervisor, in his role as interrogator, served as a model of how to relate to a client and how to help the client clarify his concerns. Indeed it seems likely that, in many cases, the supervisor was more effective than the counselor. Quite often counselors would comment about the effectiveness of the supervisor during the initial counselor recall session. The trainee, therefore, was continually presented with models of counselor behavior against which he could compare and evaluate his own performance. He had (a) the dimensions of the Counselor Verbal Response Scale, (b) the interview behavior of the counselor that the trainee viewed in the initial training session, (c) the supervisor's behavior, and (d) his own behavior with which he was confronted during the counselor recall sessions.

During counselor recall, the supervisor attempted to focus the trainee on the meaning of his own behavior and its effect on the client. The supervisor drew on material developed during the client recall session just completed as well as the counselor's own feelings upon viewing the video tape replay. The trainee was thus encouraged to overtly express and deal with his feelings, fears, and expectations experienced during the counseling interview. Typically, the counselor's initial anxieties and fears as he entered supervision were brought into awareness during these first sessions as a result of the impact of client recall and the initial self-confrontation. While similar content was evident in the traditional supervisory sessions, it was generally not expressed until the later stages of supervision. This early expression of underlying feelings seemingly helped the counselor identify and explore the focus of his own discomfort early in the supervisory process. It also seems likely that this overt expression of underlying feelings made it easier for the trainee to cope with them. Since they were expressed during the early supervisory sessions, the trainee was later able to build on his feelings and use them in his relationships with his clients rather than be constricted by them. It also seems possible that this early exploration of self in an interpersonal context helped the trainee overcome his preoccupation with himself during the counseling interview, thus opening the trainee to a greater amount of client communication.

As the study progressed, a modality of counselor concerns began to unfold. Counselor after counselor, regardless of level of experience, described his own discomfort upon meeting a client. Counselors were frequently concerned over "the kind of impression I am making on both the client and the supervisor." It seemed that this discomfort, coupled with a lack of trust in his own perceptions, often seemed to be what had inhibited the counselor during the course of the interview. Frequently, counselors commented that: "I refrained from continuing with that subject because it was touchy and I didn't want her (client) to turn away," "I didn't want to hurt her because she might reject me." At times the counselor would recall "I didn't know what to do", while, almost in the same breath, displaying considerable insight into the nature of the client's concerns. Indeed, it often seemed that counselors would sell themselves short, fearing to act on their perceptions and feelings because of the assumed risks to themselves.

What caused counselors to change? As counselors viewed the client recall sessions it seems likely that they began to realize that their perceptions were, in fact, surprisingly accurate. Further they often listened to the counselee suggest that, rather than feeling rebuffed by interaction, it was often sought. During the client recall sessions, counselors often heard clients wonder about the level at which they (the counselors) would operate and how much they could disclose without meeting misunderstanding or even rejection. In some sense then the counselors perhaps began to realize that they could interact with their clients without meeting rejection, and in addition, that clients were not as fragile as the trainee often pictured them.

On another level, viewing the client interrogation and then having a counselor recall session seemed to increase the trainee's awareness of the totality of interpersonal communication within the interview. It became apparent from viewing the initial interviews that beginning counselors generally neglected anything but the most overt dimensions, verbal and nonverbal, of the client's behavior. Counselors expressed surprise not only about the meaning and implications of the client's behavior which often became apparent during client recall, but also at their own nonverbal behavior. They reflected on their looks of boredom as a client rambled on, their physically pulling back when certain topics were brought up, or the closeness that was communicated, nonverbally, when client and counselor were attuned. These observations suggest that the initial client recall sessions followed by counselor recall increased the counselor candidates' awareness of a greater amount of client communication, and more important began to sensitize the trainee to his own feelings during the counseling session, thus in a sense, freeing him to use himself as an instrument in the counseling relationship.

The second phase of training, during which each trainee served as an interrogator for his partner's client, seemingly provided the counselor with an opportunity to practice new behaviors. The recall session is, in essence, a structured situation for the interrogator making it somewhat easier for him to "try on" new behaviors. The role of the interrogator is clearly spelled out.[7] He is to "push" and "probe" the client for greater clarity, to help the client explore affective dimensions of his behavior as well as his underlying feelings, and finally to focus the client on specific dimensions of verbal and nonverbal behavior. In addition, the groundwork for recall has already been laid during the initial counseling session. Moreover, the primary focus of the recall session is on the interaction between the original counselor and the client not on the interaction between interrogator and client. Therefore, the counselor-interrogator can now adopt new behavior exhibited in a counseling situation. In essence, the counselor received practice in using his perceptions and feelings, in focusing on the client's concerns as well as on his interaction with the counselor, and on encouraging the client to explore his covert feelings. In many respects these are the same behaviors that are characteristic of effective counselors.

It is interesting to note that trainees, commenting on their initial experiences as interrogators, reported that they were able to achieve a degree of closeness with the client and a feeling of personal satisfaction as a result of their impact on the client during the recall session rarely realized during their counseling experience to date. This self-reported observation was true of counselors on all levels of experience. Did this approach foster one mode of counselor behavior? While a number of writers have suggested that it is not inappropriate for supervisors to espouse a particular theoretical position (Patterson, 1964; Ekstein and Wallerstein, 1958), it seems unlikely that two sessions of acting as interrogator could completely change counselor style. It seems more reasonable to suggest that the trainee was presented with new modes of behavior which he could actually experience and that therefore his potential for varied behavior increased; especially his potential for being somewhat more aggresive with clients--to become more able to actively confront as well as to more aggresively express warmth and concern when appropriate. It seemed that having another counselor's client, as well as the T.V. tape and an interrogation manual which encouraged active confrontation, helped counselors explore new behaviors.

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[7] A complete statement of interrogator role and function appears in Chapter I., Section I.

During the final phase of training, in which supervisor, counselor, and client viewed the replay of the counseling session together, trainees were provided with an experience which seemed to serve as a bridge between focusing on the elements of the counseling interaction in an interrogation session with someone else's client and looking at the interaction with one's own client. The intent of this training phase was to increase counselor awareness of the meaning of the interaction and to provide him with an opportunity for viewing the interaction as a possible source of data for counseling. Our experience with studies of the counseling process had convinced us that a most productive topic for counselor and client examination is their relationship itself, especially when the client is trying to understand his interpersonal behaviors; however, we also observed that this "here and now" examination could be very difficult for beginning counselors to engage in. In this "mutual recall" session, both client and counselor were required to look directly at their interactive relationship on T.V., to become aware of their impact on one another, and to recognize some of the pitfalls of their interpersonal communication. It was typically a session during which the counselor was able to focus on the relationship with the client and the meaning of that relationship in terms of helping the client understand his own dynamics and behavior. Indeed, it often turned out that the counselor and client were able to achieve a new level of interpersonal communication during this mutual recall session.

While clinical observations are admittedly difficult to interpret and to validate, they seem to suggest some possible factors contributing to the success of the IPR experiences. Using the rating scale seemed to help counselors identify what a counselor is and does, not just his theoretical bent. It seems likely that the combination of client and counselor recall also created a "readiness" on the part of the counselor candidate to look at himself in interaction, and to change. He was confronted by a video tape of his own counseling behavior, the reactions of a supervisor, and finally, the recalled feelings of the client all of which often prodded him in the direction of new behavior. Then, when the trainee did attempt new behaviors he received immediate feedback relative to their impact, not merely from his supervisor, but more important, directly from the counselee via client recall. While the feedback for the traditionally supervised counselors was also immediate, it was solely from the supervisor. The supervisor is admittedly a significant other for the trainee, but so is the client. Indeed, the client adds a degree of confirmation of counselor impact which no one else can offer for he is really the only first-hand observer of the counseling interaction.

In addition to creating a readiness for change, the IPR procedures also provided the trainee with a structured situation in which he could actually practice new behaviors. Thus while the impact of counselor on client was a major focus of traditional supervision and while trainees seemingly developed new insights about themselves and their actions, there was no guarantee that new modes of behavior would follow--that the insights derived from supervision would generalize to practice. In the traditional supervisory model the supervisor may help the trainee see that the very interaction between counselor and client provides a source of data for counseling. In the IPR model, the trainee is actually placed in a situation in which he views the interaction, first when he interrogates his partner's client and then when he conducts recall with his own client, as one source of counseling material.

In essence, clinical observations tend to support the assumption that video confrontation via client and counselor recall have a positive impact on subsequent counselor behavior. On the one hand, the impact of recall seems to create an atmosphere in which change is possible. On the other hand, the series of structured situations seemed to provide a series of experiential learning situations for the trainee in which he could actually modify his behavior. These new behaviors could be tested via client feedback, and when successful become part of the trainees' repetoire of behaviors which he could later use in counseling.

Implications for Supervision

In light of the changes observed in counselor behavior as a result of IPR supervision and the significant differences between these changes and behavioral changes observed in a group of traditionally supervised counselors, it is assumed that the IPR procedures are a potentially potent tool for use in programs of counselor training. The data presented in Tables 2.26, 2.27 and 2.28 further suggest that these changes, in addition to being statistically significant, are meaningful when the interview behavior itself is compared with that of more experienced counselors. Finally, it should be noted that these changes occurred after only six client contacts (prior to the post interview) and approximately six hours of actual supervision. The question of the implications of results of this study for programs of counselor education now remains to be considered.

Many theoreticians in counseling and psychotherapy agree that counselor responses which refer to affect, which communicate understanding, which help the client delineate his concerns, and which encourage him to further self-exploration are essential ingredients of the counseling relationship. While there are undoubtedly other dimensions of the counseling process, these seem to be basic. If this is so, it seems that "teaching" these dimensions by helping the counselor recognize the components of effective counselor/client interaction should become an integral part of the training program. It often seems that much of the anxiety generated by practicum stems from the trainee's lack of a model of effective interpersonal communication. While the trainee may be aware of counseling theory, he often has little knowledge about actual practice. In this respect the results of this study lend further support to the recommendations of Carkhuff and Truax (1965), Maccoby et. al. (1965), and Tintera (1963) that students in training programs, whether teacher training or counselor training, be made aware of the behavioral correlates of effective practice.

One possible way of implementing such a procedure would be to incorporate tape viewing and rating experiences into a prepracticum program serving to prepare the counselor candidate for actual client contact. During such a program, the counselor candidate might be presented with a series of counseling tapes representing counselors of different theoretical persuasions and given an opportunity to compare counselors on specified dimensions of client/counselor interaction. Trainees might then tape their own role-played interviews and rate these in terms of counselor behavior. This would provide trainees with a self-measure which might, in itself, serve as motivation for change. More important, however, this seems to be one way of beginning to bridge the gap so often observed between theory and practice.

As implemented in this study, supervised experience did not include any of the group procedures so common in current practicum training not did it allow for extended feedback from colleagues. If self-understanding is a goal of group interaction during practicum, it seems possible that video confrontation (client and counselor recall) may serve as a motivator for group interaction while, at the same time, the group process increases the counselor's ability to gain insights from the recall procedures. Thus the group may serve as another source for "checking" perceptions about self gleaned from the recall sessions.

Many programs of counselor education rest on the assumption that there exists a body of theory which the counselor candidate must learn prior to the practicum experience. The impact of both IPR and traditional supervision on trainees in the early stages of their graduate programs raises a number of questions about the timing of practicum. The data presented in the study suggest that learning effective interpersonal communication may not depend on first learning counseling theory as such. The possibility exists that supervised experience might well come in conjunction with courses in theory so that the two may be integrated.

An interesting possibility is also suggested by the data from the Counselor Verbal Response Scale. It may well be that there exists a patterning of behavior change as the counselor goes through practicum. That is, while the trainee may first begin to communicate some degree of understanding and to encourage client exploration it seems more difficult for him to respond to the affective components of a client's communication and to help the client delineate the dimensions of his concerns. If this is so, it seems possible to provide a series of experiences for the trainee which would help him incorporate these skills. It may also be possible to differentiate the nature of a trainees' problems. Thus if one trainee has difficulty in responding to affect, he may be helped by continued involvement in a counseling group or individual counseling. On the other hand, if another trainee "plateaus" on helping a client differentiate his concerns, a possible prescription might be allowing the counselor to spend more time acting as an interrogator to gain "practice" in this mode of behavior. While we are admittedly not at this stage yet, the possibility of what Roeber (1962) has termed the individualized practicum may, indeed, exist. In any event, within the delimitations of the design, sample and criterion procedures, it is concluded that a method of supervising counselors has been developed which is significantly more effective than traditional supervision.

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SECTION III

EMPATHY: THE MEASUREMENT AND CHARACTERISTICS OF AFFECTIVE SENSITIVITY

This section contains a description of the development of a scale to measure affective sensitivity. The validity and various applications of the instrument are reported as well as studies of the dynamics of empathic understanding.

CHAPTER I

INITIAL INSTRUMENT AND SCALE DEVELOPMENT

Introduction

Attempts to measure empathy have been as varied as have the attempts to define the concept, and although the importance of a counselor's empathic ability to effective counseling is recognized throughout the literature (May, 1939; Rogers, 1942, 1949, 1951; Sullivan, 1947; Tyler, 1953; Stewart, 1953; Cartwright and Lerner, 1963), few studies have successfully dealt with the measurement of this variable.[1] Buchheimer (1963) clearly indicates the state of research and theorizing in empathy in his recent writings:

> There has been activity, but in comparison with the study of other psychological phenomena, intelligence, for example, the efforts have been meager. There has been much theorizing but not a great deal else . . .. Empathy is talked about more today than it was ten years ago, but to date there is no measure of empathy that has either social, industrial, educational, or therapeutic usefulness.

More recently, R. A. Hatch writing in The Sixth Mental Measurements Yearbook (Buros, 1965) makes this same point quite clear:

> In summary, research on the measurement of interpersonal perception processes has not, as yet, yielded an acceptable approach to the construction of an "off-the-shelf" test of empathic sensitivity. Consequently, the reviewer is unaware of any valid standarized empathy test which might be recommended . . ..

One reason for this deficiency of valid empathy measuring instruments is that theorists and researchers not only have used different theoretical conceptualizations of empathy and the empathic process, but they also have often applied these theoretical definitions in ways bearing little apparent similarity to their theoretical statements. Thus, predictive tests of empathy using the generalized other approach, those using the specific other approach, and situational tests of empathy have been found to have no relationship with each other (Hall and Bell, 1953; Gilbert, 1953; Astin, 1967; Buchheimer, et. al., 1965). All of these procedures measure something, but they do not measure the same thing. Which approach comes closest to actually measuring empathy? The situational test procedures, particularly those which confront the subject with as much of the total stimuli from the situation as possible by using film or video tape, seem to come closest to measuring operational definitions of empathy consistent with most theoretical conceptualizations of the term. Such situational approaches are rare, but the procedures which have been attempted are promising, and more work in the area is needed. After a review of the diverse literature on empathy, Gompertz (1960) stated:

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[1] An extensive review of the Literature on Empathy is presented in Appendix F. References used here are also found in Appendix F.

> . . . there is need to develop new testing ideas. One method might involve creating a situation which demands "feeling into" by the subject in order to complete it, reactions to be checked against objective criteria or norms.

Such a situation is provided in the research reported in this Chapter and Section by making use of videotaped sequences from actual counseling sessions accompanied by items which describe various affective states which the client may be experiencing. The procedure requires that the subject (empathizer) be able to detect and identify the feelings experienced by the client. It provides a highly realistic yet standarized mode of presenting the total stimuli from a real-life situation to subjects in a manner which should differentiate between those sensitive and those not sensitive to the affective states of another. There is need for such a test which is easy to administer, provides normative scores, and measures an operational definition of affective sensitivity which is consistent with a theoretical definition of the concept, for if a reliable, valid, and operationally consistent instrument for the measurement of empathy could be developed, the study of this variable and its relationship to effective counseling would be greatly facilitated.

By 1963, recorded IPR sessions of counselor-client interviews had already provided us with many videotaped instances in which some rather subtle behavior by the client was elaborated on by him in the recall session and which apparently had had important meaning for him. In the course of demonstrating the IPR process to various visitors to the project, we often played the video tape of an interview and later played the audio or video tape of the recall session. Some observers, especially those who were practicing counselors, psychologists or psychiatrists, claimed to have suspected the existence in the interview session of the meanings and feelings elaborated by a client in the recall session. To "test" what seemed like remarkable 20/20 hindsight, on occasion we would stop the playback of the videotaped interview at some point where a relatively subtle client behavior had meanings known to us. Indeed some observers could describe what the client was thinking or feeling quite accurately. We noticed that it was not always the professional clinician who got the "answer" right; often times, certain undergraduate students seemed to be outstanding at identifying the videotaped client's affective state. We also noticed that some scenes were missed by nearly everyone and that some scenes were apparently so obvious that they were missed by no one.

There seemed to be potential in the IPR tapes for the creation of a test of a subject's sensitivity to the affective state of a videotaped client. In this and the next six chapters of this Section we report our relatively successful efforts to create a valid, reliable measure of this empathic quality which we refer to as affective sensitivity.

Construction of the Instrument

Selection of videotaped scenes.--The scale was constructed in 1963 by reviewing all video tapes for which we had recall data including those video tapes of counselor trainees involved in the initial IPR counselor education study. A team of two of the principal investigators and four of the graduate assistants reviewed the tapes and selected scenes which, in view of the interrogation and the content itself, indicated that some describable client emotion was present. Typically, these were changes in mood. In most scenes selected there was a movement on the part of the client from one feeling state to another. The criteria were (a) that some emotion was displayed in the content and (b) that the nature of the emotion had been revealed during interrogation. In some instances, the display of emotion was very subtle, and in other instances quite blatant. There was an attempt to choose scenes which ranged along the continuum of obviousness. The final form contained 41 such scenes involving 11 different clients and counselors. The number of scenes for each client varied from two to six so that there was a variable exposure to the different clients and counselors. Both male and female clients were included. In general, they were clients experiencing various normal problems of interpersonal conflicts, social maturity and educational planning. A few scenes of clients suffering more serious problems were also included. The scenes varied in the emotional depth of the content and the kinds of problems covered. The counselors, too, were both male and female and varied considerably in their skill. Although most were beginning counselors, some experienced counselors were included. Several scenes of two married women as clients were included, but all other scenes were of high school age students.

Selection of criterion groups and generating items.--In order to develop some measurement of the feeling displayed, and to obtain alternatives to which testees might react, the scenes were shown to a group of high and low empathizers. The group of high empathizers consisted of 7 professional counselors from Michigan State University Counseling Center and faculty in Counseling and Guidance. These were selected persons, who in the opinion of their colleagues, had a particularly high degree of empathy. Added to this group were 5 doctoral candidates judged by the faculty to possess a high degree of empathy, as well as 9 beginning counselors who were judged by their supervisors in the counseling practicum to be high in empathy. This group of 21 subjects constituted a criterion group of high empathizers. Similarly, low empathizers were recruited through faculty efforts.This group was composed of 6 beginning counselors, 4 superintendents of schools, 4 high school counselors, and 2 undergraduates majoring in Education. There were 16 low empathizers.

The Closed Circuit Television Studio was used to obtain these two groups' reactions to the 41 scenes. For each scene, the subjects were asked to try to feel as the client last felt at the end of the episode and the subjects were instructed to scan a list of 57 adjectives, checking all the words which they thought applied to the client's feelings, whether expressed or not. They were then to circle the one word which corresponded to the adjective which they thought described most accurately the real feeling of the client. The list of adjectives was chosen from those compiled by Osgood (1953) as representing the major affective dimensions expressed in the English language. The list was further refined in such a way that words which seemed to be duplicates in feeling were omitted. The final list of 57 seemed to cover the range of feelings which might be expressed.

The adjectives checked by high and low empathizers were tabulated for each scene. Where an adjective was used with some frequency to describe a scene and there was a difference in the frequency with which it was used in the high and low empathic groups, it was selected for inclusion in the scale for that scene. In this way, words which were used differentially to describe the scene by high and low empathizers were culled from the larger list and used as a basis for constructing items for the various episodes.

A four point scale was devised for use with the adjectives. The scale instructions required the testee to rate each adjective in terms of its appropriateness in describing the feeling the testee had when he tried to feel as the client last did when the video tape was stopped. Each adjective was thus to be judged according to whether he felt that:

1. I have this kind of feeling strongly.

2. I have this kind of feeling somewhat.

3. I have this kind of feeling only a little.

4. I have this kind of feeling not at all.

Collection of data.--The scale was next administered to 53 master's degree students in counseling at two universities. These students were categorized by their practicum supervisors as high, middle, or low empathizers. Chi square was computed on a two-by-two contingency table for each item to determine those items which discriminated between the high and low criterion groups. The four point rating scale used for reacting to the adjectives was dichotomized at the median response. Eighteen subjects judged as most high and most low in empathic ability were selected for the analysis, 17 remaining from the 53 being excluded from the analysis.

It was desirable to include all items which might discriminate so long as they were consistent in keying. Thus, a dual criterion was used in selecting items as validated:

1. They had a chi square significant at the 20% level or better.

2. The direction of difference between high and low empathizers was the same as in the data for the group used in selecting adjectives for the test.

Findings.--Using the median to dichotomize the data for each item, only 65 of the items reached a chi square significant at the 20% level. This was a relatively small proportion of the 280 items, which indicated that there had been a tremendous shrinkage. We were somewhat concerned about this, so rather than discarding the remaining 215 items, the scale was readministered in its totality to the remaining cross-validating group.

The cross-validating group consisted of 88 students enrolled in three National Defense Education Act Summer Institutes held during 1964 at different universities. A member of the IPR project staff went to each Institute and gave the instructions for taking the instrument and answered questions relating to the procedure. In contrast to the previous administrations, this administration was on kinescope instead of video tape. The students in this group were rated by their instructors on a normal distribution curve from high to low in empathy. The 28 highest and the 28 lowest on these scales comprised the high and low cross-validation groups. Each university thus had the same proportion in the high and low group, the high group representing roughly the top third in the empathy ratings and the low group the lowest third.

The median response for each item on the four-point scale response was determined and the scale dichotomized at the combined median for both high and low empathy groups so that a two-by-two chi-square analysis could be performed. Chi square was computed on a dichotomized scale, splitting the scale at its median. The median was at the middle of the scale for 39 items, between the first and second responses for 15 items, and between the third and fourth responses for 11 items. Only nine of the items were significant on cross-validation at the 20% level of significance. This is about what one would expect from the operation of chance factors alone, and so it was found that the Affective Sensitivity Scale, as developed in this initial study, did not differentiate between persons judged high and low in empathy.

CHAPTER II

AFFECTIVE SENSITIVITY REFORMULATED

Critique of the Initial Study

Results of the original research with the Affective Sensitivity Instrument and Scale (See previous Chapter, this Section.) indicated that scale items had differentiated either on the basis of chance alone or that the instructors were inaccurate in categorizing the students as high, medium, or low empathizers. As the data were gathered, it became apparent that the instructors were quite uncertain about the validity of their own choices because they frequently pointed out that they did not know the students very well and therefore doubted their ratings. This may indicate that summer institutes, such as those used as sample groups in the original study, are of such short duration that staff members are unable to become familiar enough with enrollees to rate them accurately on counselor effectiveness. It may also be that staff ratings are not the only possibility. Other methods of obtaining ratings of counselor effectiveness could also be used.

The original instrument and Scale required a testee to view a film clip, feel as the client felt as the end of the scene, and identify these feelings by responding to a list of adjectives. These isolated adjectives may have contributed to the poor results since such adjectives without qualifying phrases could have different meanings for different people. The individuals may have had similar feelings in empathizing but could have been responding to the adjectives in different ways.

The individuals may also have been confused by the different kinds of client feelings present in the instrument scenes. It is evident in viewing the scenes of the instrument that clients not only experience emotions concerning themselves and their own problems, but they also experience feelings about the counselor with whom they are working. In taking the scale, subjects were provided with no information indicating which kind of emotion they were to attempt to identify accurately.

In the original study a group of qualified judges viewed the instrument scenes and at the end of each scene identified the affective communication of the client. The responses of these judges became the correct answers for the Scale. Results of the study indicate that this may not be the most productive procedure to follow. It may be that other methods of determining correct answers could produce better results.

The original instrument was composed of selected excerpts of videotaped recordings of counseling interviews merged into logical order. The excerpts were then transferred to a kinescope. The transfer process, however, produced a final instrument with poor sound quality. Because of this, it is possible that the random results obtained by the study may in part be caused by the inferior sound production of the kinescope film.

Rationale for a New Scale

The preceding critique provided a rationale for the development of new scale forms to be used with the Affective Sensitivity Instrument. The statements by staff members indicating that they did not know enrollees well enough to rate them accurately suggested that using members of full-year NDEA Counseling and Guidance Institutes rather than members of summer institutes would provide a more accurate criterion. The instrument and scale could be administered, and the ratings of counselor effectiveness could be gathered towards the end of a nine month period of training when the counselor educators would be more familiar with the institute trainees. A second criterion, peer ratings, could also be obtained by having the members of each sample group rate each other on counselor effectiveness.

The use of isolated adjectives in the original scale may have caused confusion. Instead phrases or sentences in a multiple-choice type of test structure could be used to describe feelings more specifically. Such phrases or sentences would result in more consistency of interpretation. For example, the single adjective angry can be used to describe a number of emotional levels and types of feelings. These could be interpreted differently by subjects. But the sentence, "I am feeling very angry with my father; I'm so mad I could kill him," gives a more accurate description of a specific emotional state. Such a sentence or phrase form would provide subjects with more complete descriptions of the feelings they are to identify.

Another confusing aspect of isolated adjectives was that they did not indicate the object of the client's feelings. A study of statements which clients typically made during recall sessions indicated that when a client experiences an emotion it is directed towards an object. When a client is angry, he is either angry with himself, some aspect of his problem, or the counselor with whom he is working. This suggested that client's statements concerning their feelings could be generally classified into two main areas--statements which indicate how the client feels about himself or some other aspect of his problem, or statements which indicate how the client feels about the counselor with whom he is working. Scales developed to be used with the scenes of the instrument should contain sets of items relating to both of these areas because such items would provide a clearer description of what the client is actually experiencing. A logical approach would be to develop one item of each set for each scene of the instrument.

In the development of the original scale only one method of determining correct answers was used. Judges, qualified on the bases of training and experience, viewed the scenes of the instrument and specified correct answers by responding to a list of adjectives. Since then two additional methods of determining correct answers have been developed. One method uses qualified judges who are supplied with a large amount of clinical information concerning each client. The other method is the direct copying of recall statements obtained from the clients during interrogation sessions.

All three of these methods for obtaining correct responses to the scenes of the instrument could produce useful items, items which discriminate between individuals responding to the scale. Which method would produce the largest number of such items could be determined if all three methods were used to construct scales for the instrument. The method which produces the largest number of useful items could then be identified. It is also a possibility that all three methods will produce a fairly equal number of such items. If this is the case, the most effective scale would consist of a combination of all three item types.

Counselors in empathizing with clients, respond to both verbal and non-verbal cues. Because of this, the technical quality of such cues is an important variable influencing the effectiveness of any audio-visual instrument developed to measure counselors' sensitivity. The cross-validation data for the original research was gathered using the kinescope instrument. The sound quality of the instrument is poor. The importance of this quality could be investigated because all of the scenes of the instrument are presently on both kinescope and television videotape. The sound quality of the videotape is superior to that of the kinescope, and the picture quality is as good as that of the kinescope. Because many colleges and universities presently have the necessary facilities and equipment to play back television videotape, it would be feasible to gather data using both. Data of this nature would provide information which would permit an evaluation of the importance of sound quality.

Purpose

The main purpose of the research reported in this Chapter is to determine if multiple-choice items when used with videotape or film scenes of counselor-client interaction could measure individual's affective sensitivity with adequate validity and reliability. During the initial phase of this investigation some minor research questions were also examined:

1. Is one of three methods of obtaining correct answers and distractors superior to the other two?
2. Is there a difference in the functioning of two different sets of items--one constructed to reflect the client's feelings about himself and the other constructed to reflect the client's feelings about the counselor with whom he is working?
3. Does poor sound quality influence individual's abilities to respond accurately to the instrument?

Developmental Forms: Methodology and Procedures

This research was conducted primarily to determine if multiple-choice items could be used with scenes from actual counseling sessions to validly and reliably measure affective sensitivity. Therefore, it was necessary to develop logical procedures for constructing items, for integrating the items into developmental scale forms for administration to sample groups, and for analyzing the resulting data.

Construction of Items

Three types of multiple-choice items were constructed for use with the Affective Sensitivity Instrument. Each type of item derived correct answers from a different source, and the distractors, or incorrect answers, for each were also obtained from differing sources. Table 3.1 is a graphic representation of this latter. The horizontal rows of the Table indicate the three sources of correct answers and the five sources of distractors used in constructing the items. The vertical columns show the specific sources used in constructing each item type.

Items were constructed to consist of one correct answer and two distractors. Type A and B items were constructed by pairing a correct answer with two Level 1 Distractors, or two Level 2 Distractors, or a distractor from each level. An attempt was made to use each procedure an equal number of times in constructing the items. It was assumed in doing this that the items containing two Level 1 Distractors would be the most difficult to answer; those containing one distractor from each level would be the next most difficult, and those containing two distractors from Level 2 would be the least difficult. These levels of difficulty were based on the assumption that individuals with more training and experience would provide distractors which would be closer in meaning, and therefore more difficult to differentiate from the correct answer. This was not a concern in constructing Type C items because all of the distractors for these items came from one source, client responses from other parts of the typed protocols.

Table 3.1 Sources of correct answers and distractors for item Types A, B and C

Choices	Types		
	A	B	C
Correct Answers	J Judges	I Informed Judges	P Client responses from typed protocols of client recall sessions
Level 1 Distractors	M.A. Counseling and Guidance candidates	M.A. Counseling and Guidance candidates given information	Client responses from other parts of the protocols
Level 2 Distractors	Non-counseling and guidance individuals	Non-counseling and guidance individuals given information	Same as above

Each of the types--A,B, and C--was constructed to consist of two sets of choices (items) for each scene of the instrument. One set of choices dealt with the client's feelings about himself or some other relevant aspect of his environment. The other set dealt with the client's feelings about the counselor. Because the instrument contains forty-one scenes, Types A and B were each constructed to contain eighty-two items. Type C contained fewer sets of choices because at some appropriate times during recall sessions clients did not always respond with statements which could be logically used as correct answers.[1]

Type A - Correct Answers

The correct answers for Type A were obtained from four qualified judges. These judges were counselors with specialist degrees who at the time were working for the Michigan State University Counseling Center, or they were individuals who were enrolled in doctoral programs in counselor education or counseling psychology.

The judges were asked to consider as they viewed each scene how the client would answer the following questions if he, the client, were completely free to be honest with himself:

1. At the end of that scene what feelings were you experiencing concerning yourself or the subject you were talking about?
2. At this same point in time what feelings were you experiencing toward the counselor? In writing their answers, the judges were instructed to use language which they felt the client would use. After each scene they discussed what they had written and arrived at a common answer for each of the questions.

A second judging session was held to validate further the results obtained from the first session. The second group of judges consisted of three staff members from the Counseling and Guidance Department in the College of Education at Michigan State University. These individuals reviewed the results of the first judging session and made any corrections which they felt were necessary.

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[1] At some points when the videotape was stopped during a recall session, clients made statements describing their feelings about themselves or their problems at that particular spot in the counseling session. However, they did not make statements describing their feelings about the counselor. Also the situation was often reversed. When the videotape was stopped, clients described their feelings about the counselor but not about themselves or their problems. Because of this only one Type C item could be constructed to accompany some scenes of the instrument.

Type A - Distractors

Distractors for Type A were obtained from individuals who were less qualified in aspects of training and experience than the individuals who acted as judges. Master's degree candidates in counseling and guidance at Michigan State University, along with other individuals outside the field of counseling such as secretaries or students majoring in English, were used for this purpose. The same procedure was followed with these individuals as was followed with the judges, except that there was no common discussion of their answers. The written responses from these persons which seemed quite different from the qualified judges' answers were used as distractors for Type A. To produce the Type A items, two wrong answers were grouped with each right answer.

Type B - Correct Answers

Type B correct answers were the responses of three informed judges who had qualifications similar to the judges who provided the correct answers for Type A. These individuals were referred to as informed judges because of the information which was made available to them concerning the various clients. Typed protocols of all of a client's counseling sessions, along with his accompanying recall sessions, were read by the judges. Some written case studies were also supplied.

Type B informed judges followed the same procedure as Type A judges and answered the same two questions. They viewed each scene of the instrument, discussed it, and designated two sentences or phrases as correct answers for that particular scene. They structured the statements to represent the language they thought the client would use if he were faced with a similar task.

Type B - Distractors

Distractors for this item type were provided by groups of individuals similar in nature to those that provided the distractors for Type A. Master's degree candidates in counseling and guidance, along with individuals outside the field of counseling were used. These people followed the same general procedure as the judges and informed judges except that there was no common discussion of their responses.

Because the informed judges had access to additional information concerning the instrument clients, the same additional information was provided for the Type B distractor groups. These groups read the information concerning a client, they viewed a scene from the client's counseling session, and they wrote out two statements concerning the client's feelings. One statement reflected the client's feelings about himself, and the other reflected his feelings about the counselor. The groups were instructed to write statements similar to those which the client would make in an actual client recall session. The phrases produced by these groups were reviewed, and any of them which disagreed with the informed judges' responses were used as wrong answers. Two of these phrases were used with each correct response to produce Type B items.

Type C - Correct Answers

Correct responses for Type C were taken from tye typed protocols of the client recall sessions. These sessions accompanied each of the counseling interviews from which scenes were selected for the construction of the Affective Sensitivity Instrument. The typed protocols were studies and client recall statements which corresponded with the latter part of each instrument scene were identified. Whenever the client had verbally stated his feelings about himself or his relationship with the counselor, these statements were used as correct answers for Type C. By following this procedure, two correct responses were obtained for most of the film scenes. However, the correct answers depended upon the amount and nature of the client's verbal productions during appropriate points in the recall sessions. Because of this limitation it was possible to obtain only one correct answer for some of the instrument scenes.

Type C - Distractors

Distractors for Type C were chosen from parts of the typed protocols not directly related to those portions of the counseling sessions used as instrument scenes. Content of the statements chosen to be used as distractors was an important consideration because the distractors had to be realistic and feasible. For each correct answer taken from a typed protocol, two incorrect answers were selected from other parts of the same protocol. This procedure was followed so that both the correct and incorrect responses would be the verbal productions of the same client.

The Construction of Three New Combination Scale Forms for Administration to Sample Groups

After the three types of items were created, they were integrated into three scale forms. The integration procedure is illustrated in Table 3.2.

This table shows how each set of choices from the original types was assigned to the new Scale Forms I, II, and III. Each type contributed an equal number of items to each scale form in an evenly distributed manner. Each of the resulting new forms consisted of one-third of the items from each of the types.

Combining the pure item types into Scale Forms I, II, and III allowed for the control of the differences assumed to exist in the various sample groups. If the three pure types had been given to three sample groups, it would have been impossible to separate the influencing variables caused by the differences in the types of items from those caused by the inherent differences within the sample groups.

Table 3.2 The procedure used to integrate the original types of items into three new scale forms

		Original types of items		
		A	B	C
CLIENT I	Scene 1.	J_1	I_1	P_1
		J_2	I_2	P_2
	Scene 2.	J_1	I_1	P_1
		J_2	I_2	P_2
	Scene 3.	J_1	I_1	P_1
		J_2	I_2	P_2
		New scale forms for administration to sample groups		
		I	II	III
CLIENT II	Scene 1.	J_1	I_1	P_1
		I_2	P_2	J_2
	Scene 2.	P_1	J_1	I_1
		J_2	I_2	P_2

Table 3.2 continued

	New scale forms for administration to sample groups		
	I	II	III
Scene 3	I_1	P_1	J_1
	P_2	J_2	I_2

Key for Item Symbols

J - Correct answer from judges (Type A items)
I - Correct answer from informed judges (Type B items)
P - Correct answer from protocol of client recall session (Type C items)
1 - Items referring to the client's feelings about himself
2 - Items referring to the relationship--client's feelings about the counselor

Sample Groups

The sample groups used in this study were eight full-year Master's degree NDEA Counseling and Guidance Institutes. The number of institutes which were used as sample groups was restricted by two factors--the limited number of full-year guidance and counseling institutes in operation, and the extreme distances involved if institutes in some areas of the country had been used. Of the eight institute groups administered the instrument and scale, two were located in Georgia and one in each of the following states: Alabama, Indiana, Ohio, New York, Pennsylvania, and Michigan. The scale forms were administered to these groups within the last month of their academic year training experience. Form I was administered to two groups, and Forms II and III were each administered to three groups.

Item Analyses

After Scale Forms I, II, and III were administered to the sample groups, three item analyses were carried out with each form. The procedure followed in developing the forms resulted in scales with high face or content validity. Because of this and also because of the absence of other well-validated, objective measures of affective sensitivity, the criterion measure for the first analysis was each group's scores on its particular form of the scale. In using this procedure, it was assumed, because of the present state of empathy measurement research, that the best measure of a counselor's affective sensitivity was his score on the form of the scale given to his sample groups.

The second and third item analyses used as criteria measures peer and staff ratings of counselor effectiveness. The use of both of these ratings is supported by the literature on counselor effectiveness which generally indicates that a counselor's affective sensitivity (empathy) is related to his counseling ability (May, 1939; Rogers, 1942, 1949, 1951; Sullivan, 1947; Tyler, 1953; Stewart, 1953; Cartwright and Lerner, 1963).

The reliabilities of the peer and staff ratings of counselor effectiveness were determined by calculating a statistic known as the intraclass correlation. The procedures used in calculating this correlation are presented in an article by Ebel (1951).

Ratings were obtained from staff members who supposedly had worked closely and consistently with members of each group. These individuals were asked to rate each member of their institute on a normal curve distribution using counselor effectiveness as a basis for their ratings (See Appendix A for form used). The average rating for each institute member was computed, and these scores were used as the criterion measure for the second item analysis.

Peer ratings were obtained from the members of the group. Using counselor effectiveness as a basis for their ratings, each individual rated all the other members of his group on a normal curve distribution (See Appendix for form used). The average rating which each person received was used as the criterion for the third analysis.

Item analyses were carried out as shown in Table 3.3. As illustrated in the table, an item analysis was calculated for Sample Group A's responses to Scale Form I using the scores obtained on the scale as a criterion variables. Items which obtained a Student's _t_ [2] significant at the 20 percent level using a one-tailed test of significance were identified. Sample Group B's responses to Form I were rescored on the basis of these items. A second item analysis was then calculated on Sample B's responses. Any items which continued to have a

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[2] In the item analysis a Student's _t_ was computed to test the significance of the point biserial correlation calculated for each item. The correlations measured the relationship between subjects' responses to each item and the criterion variable.

Student's t significant at the 20 percent level (hence .20 X .20 = .04 level of confidence across two groups) were identified. The same item analysis proceduresewere followed with Forms II and III. However, since Forms II and III were each administered to three sample groups, items were identified which had a Student's t significant at the .34 level. (.34 X .34 X .34 = .04) acorss each of the three groups. Through these cross-validation procedures, items were selected which had Student's t's significant at or above the .04 level.

When criterion measures 2 and 3, peer and staff ratings, were used in the item analysis procedures, it was not necessary to rescore Sample Groups B, D, E, G and H on the basis of the items found to be significant in the Sample Groups A, C, D, F and G. This rescoring procedure was necessary only when criterion variable 1, actual test scores, was used since rescoring certain sample groups' responses on the basis of the items significant in other sample groups had a changing effect on the test score criterion.[3] However, this rescoring procedure did not in any way apply to the item analyses using the peer and staff ratings as criteria. When these two variables were used as criteria, the item analyses calculated used all the items in each scale form.

Insert Table 3.3 here

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[3] For example, Groups A and B were both administered Form I. The scale scores for individuals in Group A were determined by scoring their answer sheets using all 77 items in Form I. The resulting scale scores were then used as the criterion for the item analysis of the Group A data. From the analysis, items were identified which were significant at the .20 level. The scale scores for individuals in Group B were then determined by scoring their answer sheets on the basis of these significant items, and an item analysis of the Group B data was computed using the significant item scale scores as criterion. This procedure shows why the test score criterion changed from one item analysis to the next. Group A's test scores resulted from scoring all 77 items in Form I, but Group B's test scores resulted from only scoring the significant items.

Table 3.3 Item analysis procedures

Criteria	Scale Forms	Sample Groups	Statistical Procedure	Results
1	I	A cross B	.20 X .20 =	Items which had a Student's *t* significant at the .04 level or above against the criteria 1, 2, and 3
2	I	A validated B	.20 X .20 =	
3	I	A by B	.20 X .20 =	
1	II	C cross D cross E	.34 X .34 X .34 =	
2	II	C vali- D vali- E	.34 X .34 X .34 =	
3	II	C dated D dated E	.34 X .34 X .34 =	
		by by		
1	III	F cross G cross H	.34 X .34 X .34 =	
2	III	F vali- G vali- H	.34 X .34 X .34 =	
3	III	F dated G dated H	.34 X .34 X .34 =	
		by by		

Reliability: Statistical Procedures

The data resulting from each administration of Forms I, II and III were used to calculate a Kuder-Richardson formula 20 (K-R$_{20}$) based on all the items in each scale form.

A significant item[4] K-R$_{20}$ was also calculated using the data resulting from each administration of the forms. The significant items were identified by using the item analysis procedures described in Table 3.3 above. The answer sheets for each sample group were rescored on the basis of these significant items, and a K-R$_{20}$ was recalculated.

The significant item K-R$_{20}$'s were added together and divided by the number of sample groups (8) to obtain an average significant item K-R$_{20}$. Since the procedures used to develop Forms I, II and III resulted in equivalent scale forms, the Spearman-Brown prophecy formula was applied to this average K-R$_{20}$ to determine what the estimated reliability would be for a revised scale form consisting of the significant items from the three developmental forms. The estimated reliability was computed for a revised scale form which was doubled in length since the combining of the significant items from the developmental forms into a single revised form would result in a form with at least twice as many items.

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[4] Significant items refer to those items which had a Student's t significant against any of the three criteria at or above the .04 level when cross validated using two or three sample groups.

Validity: Statistical Procedures

Each time a scale form was administered to a sample group, peer and staff ratings of counselor effectiveness were also obtained by using the peer or staff rating forms (See Appendix). Each individual's average peer rating was computed by adding together all of the peer ratings the individual received and dividing by the total number of ratings. A comparison was then made between the average peer ratings for the individuals in each group and their scores on Forms I, II or III of the scale. The same procedures were carried out with staff ratings. Four Pearson product-moment coefficients of correlation (r) were computed on the data gathered from each group. One was computed between average peer ratings and the total scale scores. Another was calculated between average peer ratings and significant item scores. The third correlation was computed between average staff ratings and total scale scores, and the fourth was between average staff ratings and significant item scores.

Minor Research Questions: Statistical Procedures

The following procedure was used to determine which method for constructing item types--A, B, or C as described in Table 3.1--was better in constructing items to measure affective sensitivity. Items were identified which were significant at the .04 level when item analyses were calculated using the total test score criterion (Table 3.3). A tabulation of these items was then made dividing them into those from item Type A, those from Type B, and those from Type C. A chi square was computed to examine the extent of the differences between the number of significant items coming from each item type.

The same procedures were carried out with the items which were significant at the .04 level when item analyses were calculated using the peer rating criterion and also for those items identified when the staff rating criterion was used. For the chi squares calculated the accepted significance level was .01.

The procedure which follows was used to find out if one of the two sets of items, one referring to the client's feelings about himself and the other referring to the client's feelings about the counselor (relationship) would produce a larger number of significant items.[5]

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[5] Significant items as used here has the same meaning given in footnote 1, that is, those items which had a Student's t significant against any of the three criteria at or above the .04 level when cross validated using two or three sample groups.

By using the item analysis procedure described in Table 3.3, items were identified which were significant against the total test score criterion. These items were then divided into those which refer to the client's feelings (Set 1) and those which refer to the relationship (Set 2). The number of significant Set 1 and Set 2 items were tabulated in a chi-square table along with the insignificant Set 1 and Set 2 items and a chi-square value was computed.

This same procedure was carried out with the items which were significant against peer ratings and those which were significant against staff ratings. The accepted significance level was .01.

The following process was used to determine the effect of poor sound quality on individuals' abilities to respond accurately to the scenes of the instrument. Of the eight sample groups used, four viewed the scenes of the instrument on kinescope (film), and four viewed the scenes on videotape. Table 3.4 indicates which instrument and scale form were used with each sample group.

Table 3.4 Sample groups viewing the instrument on videotape and those viewing it on kinescope

Kinescope		Videotape	
Sample Group	Form	Sample Group	Form
A	I	B	I
C	II	E	II
D	II	F	III
H	III	G	III

The four videotape groups were treated as a single sample group. The kinescope groups were similarly combined. A _t_ test was calculated to determine the significance of the difference which existed between the means of the two groups. If the _t_ value was significant at the .05 level or higher using a one-tailed test, the difference was accepted as significant.

Review

The scale development processes described in this Chapter resulted in three types of multiple-choice items. The correct answers and distractors for each type of item came from different sources. Each item consisted of one correct answer and two distractors. Half of the items referred to the client's feelings about himself, and the other half referred to his feelings about the counselor with whom he was working. The item types were integrated into equivalent Affective Sensitivity Scale Forms I, II, and III. These forms, accompanied by appropriate scenes of counselor-client interaction on either kinescope or videotape, were administered to eight sample groups. The groups consisted of individuals attending full-year Master's degree NDEA Counseling and Guidance Institutes.

Three item analysis procedures were carried out with each scale form using the criteria--total test scores, peer ratings of counselor effectiveness, and staff ratings of counselor effectiveness. These and other appropriate statistical methods were used to investigate one major and several minor questions. The major one was:

> Can multiple-choice items accompanied by short scenes from actual counseling sessions be used to measure affective sensitivity reliably and validly?

Minor questions were:

1. Was one method of constructing correct answers and distractors--Type A, B or C--clearly superior to the other two?
2. Was one set of items clearly superior to the other when used to measure affective sensitivity? Set 1 items refer to the client's feelings about himself and Set 2 items refer to the relationship.
3. Does the superior sound quality of the videotape as compared to the kinescope instrument result in significantly higher scores for individuals responding to the scale forms?

Presentation and Interpretation of the Data for Developmental Forms I, II, and III

Data obtained from administering the developmental forms to sample groups were subjected to the item analysis procedures presented in Table 3.3. General results from the analyses are presented in the section below. Other item analyses results related specifically to the minor research questions will be presented in a later section of this Chapter.

General Results of Item Analyses

Table 3.5 indicates the number and percent of items which had Student's t's significant at the .04 level when sample groups' responses to each scale form were subjected to item analyses using each of three criteria--scale scores, peer ratings of counselor effectiveness, and staff ratings of counselor effectiveness.

Table 3.5 Number and percent of significant items identified when item analyses were calculated using each of the three criteria

Developmental Forms	Total Number of Items	Number of Significant Items Criteria[a]			Percent of Items which Were Significant Criteria[a]		
		1	2	3	1	2	3
I	77	22	6	6	28.6	7.8	7.8
II	73	30	5	8	41.1	6.8	11.0
III	74	21	4	7	28.4	5.4	9.5
Totals	224	73	15	21	32.6	6.7	9.4

[a] Criteria: 1. total scale scores, 2. peer ratings of counselor effectiveness, 3. staff ratings of counselor effectiveness.

When Variable 1, scale scores, was the criterion, 73 items or 32.6 percent of the total 224 items were significant at the .04 level. If chance alone had been operating, only 9 items out of the total 224 would have been expected to be significant at the .04 level. A total of 15 items were significant at the .04 level against Criterion 2, peer ratings. This is only slightly greater than chance expectations; 9 items would have been expected to be significant on the basis of chance alone. A total of 21 items were significant against Criterion 3, staff ratings, as opposed to nine items which would have been expected to be significant had chance alone been operating.

Results of Calculating Intraclass Correlations for Peer and Staff Ratings

Table 3.6 shows intraclass correlations indicating the reliability of individual ratings and of average ratings for each set of peer and staff ratings obtained from the various sample groups administered the three developmental forms.

Reliabilities of both individual and average ratings were calculated, but the latter is more applicable to the manner in which peer and staff ratings were used in this study. The peer and staff ratings which each ratee received were added together and averaged. The average ratings were used as the criterion variables in the item analysis procedures and also in the computation of validity _r_'s for the developmental scale forms.

Table 3.6 Intraclass correlation formula reliability estimates of individual and average ratings calculated for peer and staff ratings of counselor effectiveness.

Sample Group	Intraclass Correlations			
	Peer Ratings		Staff Ratings	
	Individual	Average	Individual	Average
A	.21	.88	.35	.73
B	.21	.88	[b]	[b]
C	.25	.91	.51	.88
D	.23	.90	.70	.92
E	.27	.91	[b]	[b]
F	.17	.85	[c]	[c]
G	[a]	[a]	.57	.90
H	.24	.82	.23	.68

[a] Original ratings were returned to the institute and only the resulting total averages were retained; therefore, an intraclass correlation could not be calculated for this data.

[b] For these two sample groups most staff members each rated different subgroups of students within the two main groups, thus making it impractical to calculate intraclass correlations.

[c] Only one staff member rated the members of this sample group.

Reliability Results

Table 3.7 shows the Kuder-Richardson formula 20's ($K\text{-}R_{20}$) calculated on the basis of all the items in each of the developmental scale forms. Also shown are the $K\text{-}R_{20}$'s obtained when the developmental forms were rescored using only the significant items.[6]

Table 3.7 Kuder-Richardson formuls 20's calculated for original developmental forms and those calculated for developmental forms rescored on the basis of significant items

Developmental Form	Sample Group	N	Total Item K-R20	Significant Item K-R20
I	A	30	.45	.76
	B	30	.42	.59
II	C	29	.74	.78
	D	27	.64	.72
	E	29	.23	.62
III	F	34	.47	.55
	G	23	.43	.61
	H	16	-.16	.46

The developmental scale Forms I, II, and III contained 77, 73, and 74 items respectively. After rescoring the forms on the basis of the items which were significant or very close to significant on one or more of the three criterion variables; Form I contained 32 items, Form II contained 38 items, and Form III contained 31. The average significant item K-R20 was .636. The Spearman-Brown prophecy formula was applied to this figure and an estimated reliability was computed for a scale with twice as many items. The resulting estimate was .777.

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[6] The procedure used in identifying significant items is presented in Table 3.5. These items had Student's t's significant at the .04 level or above against one or more of the three criteria when item analyses were computed and results were cross validated using two or three sample groups for each scale form.

Validity Results

Table 3.8 contains the Pearson product-moment coefficients of correlation calculated between each group's scale scores and the two criterion variables of peer and staff ratings. The table indicates how these variables correlated with total scale scores, and also how they correlated with the scores obtained when the forms were rescored on the basis of the items which were significant against one or more of the three criteria.

Table 3.8 Pearson product-moment coefficients of correlation between each group's scale scores and peer and staff ratings of counselor effectiveness

			Forms Scored Using all Items		Forms Rescored on Basis of significant Items	
Developmental Form	Sample Group	N	Peer Ratings	Staff Ratings	Peer Ratings	Staff Ratings
I	A	30	.36[b]	.42[c]	.47[c]	.50[c]
	B	30	-.06	.10	.05	.24
II	C	29	.35[a]	.39[b]	.31[a]	.46[c]
	D	27	.06	.32[a]	.12	.40[b]
	E	29	.45[c]	-.05[d]	.36[a]	.00[d]
III	F	34	.28[a]	.16[e]	.28[a]	.22[e]
	G	23	.12	-.14	.26	.21
	H	16	.32	.23	.44[a]	.36

[a] Significant at the .05 level.

[b] Significant at the .025 level.

[c] Significant at the .01 level.

[d] Only partial ratings from five staff members were obtained for Group E. Four of the five each rated five different group members. The other staff person rated ten group members.

[e] Counselor effectiveness ratings were obtained from one staff member for Group F.

Four out of eight sample groups had total item scores on the developmental forms which significantly correlated (.05 level or higher) with peer ratings of counselor effectiveness. Two of the same sample groups and one additional one had significant correlations between staff ratings and total item scores. When the developmental forms were rescored on the basis of significant items (.04 level), five sample groups had scores which correlated significantly with peer ratings, and three groups had scores which correlated significantly with staff ratings. Most correlations were positive. The scales scores for all items correlated slightly negative with the criterion variables three times, but the rescored forms had no negative correlations with either of the variables.

Results of Investigating the Minor Research Questions

Was one method of constructing correct answers and distractors--Type A, B or C--clearly superior to the other two? This was the first minor research question investigated.

The number of significant items and nonsignificant items which obtained correct answers and distractors from each of the three different sources are shown in Table 3.9. The significant items are those which obtained a .04 level of significance when item analyses were computed against each of three criteria--total scale scores, peer ratings of counselor effectiveness, and staff ratings of counselor effectiveness. A chi square was calculated using the numbers presented in the Criterion 1 rows of Table 3.9. It was not significant at the .01 level ($\chi^2 = 2.00$, d.f. = 2). A chi square of 9.21 was necessary for the differences to be significant at the .01 level. The number of items which were significant against the peer rating criterion, Criterion 2, was so small (total = 15) that it was impractical and unnecessary to compute a chi square using this data. Also, the number of significant items in each cell of the Criterion 3 row was so similar (8, 7, 6) that it was unnecessary to calculate a chi square using this data. This data indicated that no one method of constructing items was clearly superior.

Insert Table 3.9 here

Table 3.9 The number of items from Types A, B, and C which were significant and nonsignificant against each of the three criteria[c]

	Criteria[c]	Types of Items[a] A Correct Answers From Judges	B Correct Answers From Informed Judges	C Correct Answers From Protocol	Total
		Correct Answer and Distractor Sources[b]			
Significant Items	1	31	26	16	73
	2	4	8	3	15
	3	8	7	6	21
Nonsignificant Items	1	51	56	44	151
	2	78	74	57	209
	3	74	75	54	203

[a] Types of Items, A, B, and C as described in earlier in this Chapter.

[b] Table 3.1 indicates the source of the correct answers and distractors which were used to construct each type of item.

[c] Criteria: 1. total scale scores, 2. peer ratings of counselor effectiveness, 3. staff ratings of counselor effectiveness.

The second minor research question was as follows: Will one of two sets of items, one referring to the client's feelings about himself and the other referring to the client's feelings about the counselor (relationship), produce a larger number of significant items.

Table 3.10 shows the number of items from each of the two sets which were significant and nonsignificant when item analyses were computed using each of the three criteria--total scale scores, peer ratings and staff ratings.

Insert Table 3.10 here

Table 3.10 The number of Set 1 and Set 2 items which were significant and nonsignificant against each of three criteria

	Criteria[a]	Sets of Items		
		Set 1 Client Feeling	Set 2 Relationship	Total
Significant Items	1	40	33	73
	2	9	8	17
	3	8	13	21
Nonsignificant Items	1	76	75	151
	2	107	100	207
	3	108	95	203

[a] Criteria: 1. total scale scores, 2. peer ratings of counselor effectiveness, 3. staff ratings of counselor effectiveness.

A chi square calculated to determine the significance of the differences between the numbers of Set 1 and Set 2 items which were significant and nonsignificant against Criterion 1, total scale scores, was not significant (χ^2 = .23, d.f. = 1). A chi square of 6.64 was necessary for the differences to be significant at the .01 level. It was not necessary to calculate a chi square using the data presented in the Criterion 2 rows of the table since by inspection the difference was obviously not significant. The chi square computed to measure the degree of the difference between the numbers of Set 1 and Set 2 items which were significant and nonsignificant against staff ratings, Criterion 3, was not significant (χ^2 = 1.18, d.f. = 1). A χ^2 of 6.64 was necessary for significance at the .01 level. Thus the data indicated that neither set of items produced a clearly superior quantity of significant items.

The third minor research question to be investigated was: Will the administration of the developmental forms using videotape result in significantly higher scores than the administration of the forms using kinescope (film).

Table 3.11 presents the statistical data for the sample groups shown the scenes of the instrument on kinescope (film) and also for the groups shown the scenes using videotape.

Table 3.11 Descriptive statistical data for groups that were administered the instrument on kinescope and those that were administered the instrument on videotape

Sample Group	N	M	S.D.	Sample Group	N	M	S.D.
A	30	36.9	5.3	B	30	41.1	5.1
C	29	31.5	7.1	E	29	39.4	4.2
D	27	39.2	6.2	F	34	42.6	5.2
H	16	37.2	3.4	G	23	44.2	4.8
Totals for Kinescope Groups	102	36.0	6.6	Totals for Videotape Groups	116	41.7	5.1

A _t_ test calculated to determine the degree of difference beteeen the overall kinescope group mean (36.0) and the overall videotape group mean (41.7) was significant above the .001 level (_t_ = 7.25, d.f. 216). Therefore, the data indicated that showing the scenes using videotape with its better sound quality resulted in significantly higher scale scores.

Interpretation and Discussion of Results

Two conclusions can be drawn from the results of the item analysis procedures used in this study. The most important is that a sufficient number of items (109 of 224) were significant (.04 level) against one or more of the three criterion variables. Because the number of significant items is sufficiently large, these items could be used as a basis for further developing and refining a revised form of the Affective Sensitivity Scale. Second, the smaller number of items found to be significant at or beyond the .04 level against the criteria of peer and staff ratings is an indication of the weak but positive relationship found to exist between scores on the developmental forms of the scale and subjective measures of counselor effectiveness. This relationship was further substantiated by the Pearson product-moment coefficients of correlation calculated between the subjective ratings and scale scores. Fifteen of the thirty-two correlations were significant at the .05 level (See Table 3.2).[7]

There are two possible factors which could account for this low positive relationship. First, even though many counseling theorists and practitioners proclaim that a strong relationship exists between empathy and counseling effectiveness, in actuality this may not be true, or it may be that the strength of the relationship depends on the definition of empathy used. If the definition used requires that a subject not only be able to identify accurately the emotions of another but also that he accurately and therapeutically communicate his understanding of these emotions to the client, then the relationship between empathy and counseling effectiveness may well be found to be strong. If, on the other hand, the subject is only required to identify accurately the emotions of another as with the Affective Sensitivity Scale, then the relationship between empathy and counseling effectiveness may well be found to be a weak one. Thus, this latter type of empathy may be necessary for a person to function as an effective counselor, but there might also be individuals who are high in this empathy who are unable to communicate accurately or therapeutically this sensitivity to the client. Such individuals may even use their high sensitivity to defend against or even hurt or punish the client.

The relationship implied here is that individuals who are effective as counselors whould score high on the sensitivity scale, but individuals who are ineffective may score either high or low on the scale.

A second factor which may partially cause the low positive relationship between counselor effectiveness ratings and scale scores is the subjectivity of the ratings themselves. The problem is that valid, objective and feasible measures of counseling effectiveness are not available, so more subjective measures such as those used in this study must be employed.

The coefficients in Table 3.6 indicate that ratings of counselor effectiveness obtained from a single peer or staff member were not very reliable. However, when the ratings used in this study were obtained by averaging a large number of such individual ratings, the reliability greatly increased. The coefficients ranged from .82 to .91 for average peer ratings and from .68 to .92 for average staff ratings. In most cases the reliabilities were substantial and quite acceptable; however, the validity of such ratings is presently unknown. It is possible that the ratings are more a measure of some other psychological characteristic than a measure of the individual's effectiveness as a counselor. If the ratings are not valid, this would be a factor which could have depressed the size of the r's calculated between such ratings and scores on the forms of the Affective Sensitivity Scale.

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[7] The process used to rescore Forms I, II, and III on the basis of items which were significant against any of the three criteria would naturally tend to increase the size of the correlations calculated between any such scale scores and the peer and staff ratings. However, considering only the correlations between the ratings and total scale scores, 7 out of 16 were significant at the .05 level, and only 3 of the correlations were slightly negative (See Table 3.2).

The examining of the reliability of the three developmental forms indicated that the combining of items which were significant against one or more of the three criteria into a single scale should produce an instrument with reliability of approximately .70 to .80. For a developmental research instrument which is somewhat unique in its measurement approach, this relaability would be acceptable until methods are found for further improving it.

The procedures used to establish the developmental form reliability had one limitation which could have affected the resulting estimated reliability. The calculation of K-R_{20}'s based on significant items would be expected to inflate artificially the reliabilities. Significant items were identified and K-R_{20}'s were calculated for each sample group on the basis of these items (See Table 3.7). This is a somewhat circular process and would be expected to produce higher reliabilities than what would probably be obtained if the significant items were readministered to new sample groups.[8] Nevertheless, the procedure provided an approximation of revised form reliability.

The results obtained in investigating the first minor research question indicated that no one method of constructing items was superior to the other two. Yet there was a trend in the data. This trend was especially evident in the numbers representing the items which were significant (.04 level) against the total test score criterion (Table 3.9, criterion 1 rows). This was the largest group of significant items. Type A provided the largest number of these and Type C, the smallest. One reason for this trend could be that judges, when providing the correct answers for Type A items, were in a situation very similar in nature to the position in which subjects would find themselves when actually taking the scale. The judges were provided with no additional information. They just viewed each scene of the instrument and attempted to state accurately what the client was feeling. On the other hand, Informed Judges were provided with a large amount of additional information and were more familiar with the personality dynamics of the clients. This may have caused the Informed Judges to formulate correct answers more on the basis of clinical insight or knowledge rather than on the basis of being sensitive to what the client was feeling at the moment. Another possibility is that the Informed Judges may have produced correct answers which only a very sensitive and experienced counselor would accurately perceive. If this were the case, items from Type B would be good items for groups which included highly sensitive and experienced individuals, but they would not work as well for homogeneous groups made up only of people at the master's degree level, such as the sample groups which were administered the developmental forms.

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[8] Since the revised forms were administered to new sample groups, this artificial inflation was not a serious limitation. In addition, the Spearman-Brown prophecy formula was computed for a revised scale which would have twice as many items, when in actuality each revised form consisted of almost three times as many items.

The number of significant items coming from Type C may have been influenced by a number of factors. One major factor could have been that some clients used in producing the instrument had experienced a number of counseling and recall sessions, and most of these sessions had been with individuals who had had extensive experience in the counseling and recall of interrogation processes. These clients tended to be very productive and were quite open in identifying and discussing their emotions during client recall sessions. Other clients had been involved in only a limited number of counseling and recall sessions and had worked with individuals who had had a minimal amount of experience in the counseling and recall processes. Some of these clients were not very productive or sincere during recall sessions and did not openly identify and discuss their emotional reactions. Answers taken from the typed protocols of such clients recall sessions were probably not very valid correct answers.

The examination of the second minor research question indicated that both sets of items, one set referring to the client's feelings about himself (Set 1) and the other referring to the client's feelings about the counselor (Set 2) functioned equally well. This might have been expected because, in one sense, there was very little difference in the two sets of items. Both required that the subject be sensitive to the feelings the client was experiencing. Still, in another sense, there was a real difference in the requirements which the two sets of items made on subjects, and it seems quite possible that this difference could have influenced some of the subject's responses. For example, some subjects may have been able to identify accurately a client's feelings about himself; however, certain of these same subjects may have had difficulty in identifying accurately the client's feelings when they were directed towards the counselor. This would have been particularly true if these subjects had strongly identified with the screen-image counselor and if the client's feelings toward the counselor were negative. The slight trend in the data of Table 3.10 could be explained by such an operating factor. The number of significant Set 1 items was greater than the number of significant Set 2 items. The differences, however, were far from significant, so any such explanation, though interesting, must be regarded as conjecture.

The testing of the third minor research question indicated that the instrument with the superior sound quality (videotape) provided subjects with more accurate cues, thus they were able to identify more accutately the feelings experienced by the clients. There was some concern after this data had been gathered that the significant results may have been due to the operation of a cultural or geographical variable. Because of the need for appropriate equipment, the videotape instrument was administered to four sample groups located in the Midwest and Northeast. The kinescope instrument was administered to three southern groups and one northern sample group.[9] The northern sample group (Group D, Table 3.11) had the highest mean (39.2) of any of the kinescope sample groups. Because of this, a further statistical analysis was computed to determine, in so far as possible whether or not the significant difference obtained was caused by cultural and/or geographical variables. The statistical data for Group D was multiplied by four This was done so that the resulting figures would theoretically represent the results which could have been obtained had the scale been administered using kinescope to four groups which were equivalent to Group D. This procedure assumed that if the overall mean of this theoretical group, consisting of one actual and three hypothetical sample groups, was still significantly lower than the overall mean of the videotape sample groups, this would support the contention that the significant difference obtained was not caused by cultural and/or geographical factors. The _t_ test computed between the overall means of the two groups was significant beyond the .005 level (t = 3.1, df = 222), so the results obtained did not seem to be influenced by a cultural or geographical factor. However, there is still some possibility that uncontrolled intervening variables may have influenced the results to some extent, thus the results must be regarded with a certain degree of caution. Nevertheless, the results do indicate that subjects responding to the kinescope with its poor sound quality were able to identify clients' feelings with some degree of accuracy. When the sound quality was improved, as with the video tape, the accuracy improved. It improved significantly, but not greatly.

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[9] Most clients used in producing the scenes of the instrument were from the Midwest or East. This may have been another variable which could have influenced the results obtained from administering the developmental forms to southern sample groups. However, there was no way of controlling or measuring the effects of this variable in this study.

Review

Results of the item analysis procedures used in this study were that 32.6 percent of the 224 items in developmental Forms I, II, and III were significant (.04 level) when total scale scores were used as criterion.[10]

When peer ratings of counselor effectiveness were used as the criterion, 6.7 percent of the items were significant, and 9.4 percent of the items were significant against staff ratings of counselor effectiveness. A large enough number of items were significant against one or more of the three criteria so that these items could be combined and used as a basis for developing and refining a revised form of the Affective Sensitivity Scale.

Intraclass correlations calculated to determine the reliability of counselor effectiveness ratings indicated that ratings obtained from a single peer or staff member were not very reliable. However, the ratings used in this study were obtained by averaging a large number of such individual ratings, and the reliability coefficients for these average ratings were substantial. The coefficients ranged from .82 to .91 for average peer ratings and from .68 to .92 for average staff ratings.

The reliability and validity of the three developmental forms were examined, and three minor research questions were investigated. The results were as follows:

1. If the significant items from the developmental forms were combined into a revised form, the resulting scale would have acceptable reliability. The average significant item K-R_{20} for eight sample groups was .64. The Spearman-Brown prophecy formula estimate of the reliability of a revised form was .78.
2. The validity of a revised form consisting of the significiant items from the developmental forms was partially supported. Seven of the 16 correlations (r) calculated

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[10] See Table 3.5 for item analysis procedures used.

between total developmental scale scores and the two ratings of counselor effectiveness, peer and staff, were significant (.05 level, one-tailed test). The same seven relationships plus an additional one were significant when correlations were calculated between the two ratings and significant item scale scores. For all correlations calculated, three were negative with the lowest being -.14; the highest positive was .50.

3. Of the three different methods used to obtain correct answers and distractors for items, no one method was significantly superior to the others. A chi square calculated to determine the extent of the difference between the number of significant items produced by each method was not significant.
4. No significant difference was found between the number of significant items which referred to the client's feelings about himself (Set 1) and those which referred to the client's feelings about the counselor (Set 2). Chi square calculated to determine the extent of the differences between the number of Set 1 and Set 2 items which were significant against the three criterion measures--total scale scores, peer ratings, and staff ratings--were not significant.
5. Showing the scenes of the instrument using video tape resulted in significantly higher scores than showing the scenes using kinescope (film). The audio quality of the film instrument was inferior to that of the video tape. A t test calculated between the average mean of the four video tape sample groups and the four kinescope sample groups was significant beyond the .001 level.

These results suggested that it was feasible to develop revised forms of the Affective Sensitivity Scale. The procedures used to develop these forms and the results obtained with them are presented in the next Chapter.

Revised Forms A and B of the Affective Sensitivity Scale

The processes used to develop two revised forms of the scale are described here. Following the explanation of each developmental process, reliability and validity data are presented for the scale form resulting from the process. A discussion of the results concludes each section.

Revised Form A

Form A was constructed by pooling significant developmental form items which were identified through the item analysis procedures outlined in Table 3.5. Because of their level of difficulty, some of these items were modified before inclusion in the revised scale. The average difficulty index of the developmental forms was 47.5[11] whereas the ideal difficult index for a multiple-choice scale consisting of items with three alternative choices is approximately 23 (Lord, 1952). During the process of modifying items to make them easier, it was found that many of the difficult items had distractors which were too close in meaning to the correct answer. In these cases, the distractors for such items were either replaced or modified.

Additional modifications of items were necessary for Form A because some instrument scenes did not have accompanying items from any of the three developmental scale forms which were significant (.04 level). To provide items for these scenes, new items were constructed by using various subparts from the nonsignificant items. This could be done because frequently subparts of nonsignificant items would be found to "pull" high or low scorers. For example, a correct answer in one developmental form would consistently attract high scoring subjects, and a distractor from another form would consistently attract low scoring subjects. By this process of examining nonsignificant items, properly functioning subparts of items were located and new items were constructed.

Revised Form A was administered using video tape to 26 members of an NDEA Master's Degree Counseling and Guidance Institute at a midwestern university (Sample Group I). The scale was administered and peer ratings of counselor effectiveness were collected near the beginning of the group's academic year institute experience. An item analysis was computed using the resulting total scale scores as the criterion, and a Pearson product-moment correlation (r) was calculated between scale scores and peer ratings.

Results.--The mean item difficulty for Revised Form A was 36. The Kuder-Richardson reliability formula 20 was .57. Of the total 86 items, 39 had Student's t's significant above the .20 level, and 17 others had Student's t's significant beyond the .35 level, but not reaching the .20 level. A rescoring and item analysis of the scale on the basis of these 56 items resulted in the same mean item difficulty of 36 and a $K\text{-}R_{20}$ of .81.

The r calculated between individuals' scores on Revised Form A and peer ratings obtained near the beginning of the institute was not significant (r = .02).

Discussion.--One of the main goals in developing Revised Form A was to construct items which were easier to answer. This was accomplished but at the cost of producing many items which no longer discriminated (items with a nonsignificant Student's t) between high and low scorers as they had in the previous develomental forms. In examining the data, it was found that most of the items which did not differentiate failed because they were too easy for the sample group, and both the high and low scoring individuals correctly answered the items. Apparently, in the process of changing subparts of items to make them easier, many items had been made too easy.

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[11] Percent of sample group incorrectly answering each item.

The nonsignificant, slightly negative correlation obtained between scale scores and peer ratings was not completely unexpected since Revised Form A was administered to individuals in Sample Group I at the beginning of their institute experience. The institute members had been together for only four weeks, and it is very possible that they did not know each other well enough to provide accurate and valid ratings of counselor effectiveness.

Additional Observations.--In studying the data from the original developmental forms and Revised Form A, items which were discriminating between high and low scorers fell into a pattern. In almost all cases, correct answers which differentiated between high and low scoring individuals were those which described strong feelings. Distractors which tended to draw the low scorers were almost always those which described weak or neutral feelings. For example, if the correct answer was the statement, "This scares me; I feel frightened!", the majority of the high scorers would be attracted to it. The majority of the low scorers would be drawn to distractor statements describing weak or neutral feelings such as, "I feel a little uneasy and self-conscious, but not much." For those items which described the relationship between counselor and client, the distractors which contained negative statements about the client's feelings toward the counselor were usually the ones which attracted the low scoring individuals. For example, if a correct answer for a relationship item was, "He (counselor) really understands me! He's with me now," this would tend to attract the high scoring individuals. The low scoring individuals would be attracted to the distractor, "I wish I could get out of here; I don't like him (counselor)," which is a statement of negative client feelings toward the counselor.

It appears that the low scorer (low empathizer) is a person who avoids recognizing any strong emotion in the client and has a propensity to believe the client is rejecting the counselor. These insights into the workings of correct answers and distractors provided a systematic means of improving and correcting those items in Form A which were not discriminating. These insights and various statistical information were used in constructing a second revision of the Affective Sensitivity Scale, Revised Form B.

Revised Form B

Form B was constructed to contain all of the items which worked well by discriminating between high and low scorers in Revised Form A. Additional items which were too easy in Form A but had worked well in the developmental scales were returned to their original forms. Some items which had not worked well in the developmental forms or in Form A were rewritten using as guidelines the previously described observations and insights. (See Appendix H for Form B of the Affective Sensitivity Scale.)

Sample Groups.--In order to explore the reliability and validity of Revised Form B, it was administered to nine sample groups. Five of the groups, hereafter referred to as Groups I, J, K, L, and M, consisted of members of NDEA Master's Degree Counseling and Guidance Institutes. Groups I, J, and K were at universities located in the midwest. The members of the other two groups, L and M, were attending institutes at southeastern universities. Sample Group I was the same group which had received Revised Form A at the beginning of the academic year on a pretest basis. Seven months later, toward the end of the institute program, Group I was administered From B. Groups J and K were each administered Form B on a pretest and posttest basis at a time interval of approximately six months. Individuals in Groups L and M were administered Form B on a posttest basis near the end of their institute experience. The scale was also taken by Group N, a group of 24 practicing school counselors in the Michigan area. To obtain an indication of test-retest reliability, Form B was administered and then readministered one week later to G oup P, 50 undergraduate students at a midwest university. For validity purposes the scale was given to Group O, 16 doctoral students who had just finished their first quarter of counseling practicum, and to Group Q, 26 master's degree students who had just completed taking part in a group counseling experience. Both groups of students were attending a midwestern university.

Item Analysis Results.--An item analysis was computed using a combined total sample group of 232 individuals from the various groups that had been administered Form B of the Affective Sensitivity Scale. This group was referred to as Group J-Q because it consisted of individuals from Groups J, K, L, M, N, O, P, and Q, along with a few other master's degree counseling and guidance students who were administered Form B but were not included in any of the main sample groups. For those groups that were administered Form B on a pretest and posttest basis, the pretest data was used in the analysis. Total scale scores were used as the criterion for the analysis.

The item analysis of Sample Groups J-Q's scale responses indicated that 73 of the total 89 items had point biserial correlations which were significant at or above the .05 level when tested for significance using a Student's t value. Fifty-one of these items had Student's t values significant at the .01 level. A summary of the item analysis results is presented in Table 3.12.

Table 3.12 Summary of item analysis data for Revised Form B of the Affective Sensitivity Scale

Criterion = Total Scale Scores
N = 232
Summary Data

Distribution of item difficulty indices[a]			Distribution of discrimination indices[b]		
Difficulty	Number of Items	Percent	Discrim-ination Induces	Number of Items	Percent
81 - 100	2	2	81 - 100	0	0
61 - 80	17	19	61 - 80	0	0
41 - 60	25	28	41 - 60	10	11
21 - 40	33	37	21 - 40	40	45
00 - 20	12	13	00 - 20	38	43
			less than 0	1	1

Mean Item Difficulty[a] - - - - - - - - - - - - 42
Mean Item Discrimination[b] - - - - - - - - - - 23
Mean Point Biserial Correlation - - - - - - 20
Standard Error of Measurement - - - - - - 4.23
Mean - - - - - - - - - - - - - - - - - - - 51.8
Standard Deviation - - - - - - - - - - - - 8.26
Range - - - - - - - - - - - - - - - - - - 25 - 74

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[a] Difficulty indices or item difficulty is the percentage of the total group marking a wrong answer.

[b] Discrimination indices are the difference between the percent of the highest scoring one-third marking the right answer and the percent of the lowest scoring one-third marking a wrong answer.

Similar summary data, including item analysis results and other related statistical data for each individual sample group that was administered Form B, are presented in Appendix I.

Reliability.--Kuder-Richardson formula 20 (K-R_{20}) coefficients and other related data obtained from administering Form B to 7 sample groups are presented in Table 3.13.

Since the obtained K-R_{20} coefficients are somewhat dependent on the size (N) and especially on the variance (SD) of the sample populations, this data is also presented in Table 3.13.

Table 3.13 Kuder-Richardson formula 20 reliability coefficients and other related data for seven sample groups[a]

Sample Groups	Number of Subjects		Standard Deviation		Kuder-Richardson Formula 20	
	Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
J	34	27	6.71	7.35	.62	.70
K	31	31	6.37	6.97	.58	.68
P	50	26	8.02	6.08	.73	.53
I		27		6.39		.61
L		27		8.35		.76
M		24		8.83		.77
N		24		8.36		.76

[a] Data obtained from administering Form B to sample groups on only one occasion are listed in columns headed posttest.

A test-retest reliability coefficient was calculated for Form B using the data from Group P. Twenty-six undergraduate students were administered the form on a test-retest basis separated by an interval of a week. A Pearson product-moment correlation (r) was calculated between the two sets of scores; the resulting r was .75.

A K-R20 was calculated using the responses of the 232 individuals in Sample Group J-Q.[12] The obtained K-R20 was .74.

An indication of the stability of the scale scores over a more extended period of time was determined by calculating an r between the pretest and posttest scores for Sample Groups J and K. The resulting r's were .58 and .67 respectively.[13]

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[12] If a group was administered Form B on both a pretest and posttest basis, the pretest data was used in computing the combined group K-R20.

[13] The individuals in these two sample groups, J and K, were undergoing institute experiences which resulted in significantly higher posttest scores for both sample groups. Data supporting this is presented in the "Validity" section of this Chapter. Therefore, the resulting r's are not a true indication of stability over time, but a restricted or minimal one.

Validity.--The validity of Revised Form B was investigated by a number of studies. These studies are classified in this Section according to the type of validity examined--concurrent, predictive, or construct. The categories used are those provided by the APA Committee on Psychological Tests (1954).[14]

Concurrent Validity Studies.--Sample Group Q, a group of students enrolled in a master's degree program in counseling and guidance at a midwestern university, was administered Form B after completing three months of a group counseling experience. The larger group had been divided into three subgroups (Q_1, Q_2, Q_3) which met once each week for one hour. When the scale was administered at the end of the experience, the therapist was asked to rank the members of each subgroup on the basis of their affective sensitivity. He ranked the subgroup members putting the person who was most sensitive to the feelings expressed by others first, and the person who was least sensitive to such feelings last. A Spearman rank correlation coefficient (rho) was computed between the therapist's rankings and the group members' scale scores. The resulting rho coefficients are presented in Table 3.14.

Table 3.14 Spearman rank correlation coefficients (rho) calculated between therapist's affective sensitivity rankings of group members and scale scores

Group	N	Rho
Q_1	9	.35
Q_2	9	.59
Q_3	8	.64

The rho coefficients reported in Table 3.14 are not in themselves significant. However, significance at the .01 level was obtained when the coefficients were averaged and tested for significance using a procedure described by McNemar (1962, p. 140). It was permissible to average the rho coefficients because the same therapist ranked the members of all three subgroups and also because the members of the larger Group Q were randomly assigned to the three subgroups. Following the McNemar procedure, the coefficients were converted to a z, and an average z was obtained. The average z value was .59. The equivalent average rho would be .53. The average z was divided by its standard error, and the resulting value was tested for significance using a table of normal curve functions. The value, 2.43, was found to be significant at the .01 level.

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[14] These categories contain a certain amount of overlap, and it could be argued that certain studies should be in other categories or in more than one category. This was recognized; however, for presentation purposes the studies were placed in the category which seemed most descriptive of the validation procedures used.

Another criterion variable was obtained from Sample Group Q by asking each member of the subgroups to rank all the other individuals in his subgroup on the basis of how sensitive he felt they were to the feelings being expressed by the other group members. This was the same type of affective sensitivity ranking the therapist was asked to make. An average ranking was obtained for each subgroup member by adding all the rankings the member received from other individuals in the subgroup and dividing by the number of such rankings. Each person's average ranking was used to place the members of each subgroup in rank order. A rho was calculated for each subgroup between the resulting sensitivity rank order and the rank order of the Form B scale scores. The resulting rho coefficients are shown in Table 3.15.

Table 3.15 Spearman rank correlation coefficients calculated between group member's average sensitivity rankings of each other and Form B scale scores

Group	N	Rho
Q1	9	-.10
Q2	9	.51
Q3	8	.59

The coefficients in Table 3.15 were not averaged and tested for significance because of the large difference in value between the rho for Group Q1 and for Groups Q2 and Q3.

A second concurrent validity study involved Sample Group O, 16 individuals who had just completed their first quarter (three months) of practicum experience in a counselor education program at the doctoral level. These individuals met four hours a week with two staff members. The experience was similar to group counseling, with the individuals exploring their own feelings and their affective reactions to other group members. Some time was usually spent toward the end of the experience listening and reacting to audio tapes of group members' individual counseling sessions with clients. The 16 individuals in Group O took part in the practicum experience at different times during the academic year--some the first quarter, some the second, and the rest the third. At the end of each quarter those who had just finished the practicum experience were administered Revised Form B of the Affective Sensitivity Scale. At the end of the third quarter the two staff members were asked to rank each member of the total group of 16 on the basis of the member's sensitivity to feelings experienced by others and also on the basis of the member's effectiveness as a counselor. A Spearman rank correlation coefficient (rho) was computed between each of these rank orders and the rank order of the Group's Form B scale scores. The resulting coefficients are reported in Table 3.16.

The correlations reported in Table 3.16 are not by themselves significant. However, since both supervisors ranked members of the same group, it was feasible to average the resulting coefficients using the procedure outlined by McNemar (1962, p. 140). For the two correlations resulting from the sensitivity rankings, an average z was obtained and divided by its standard error. The resulting value, 1.58, was found to be significant at the .06 level using a table of normal curve functions. The same procedure was used with the two correlations resulting from the effectiveness rankings. The obtained value, 1.68, was significant at the .05 level.

Table 3.16 Spearman rank correlation coefficients calculated between Form B scale scores and supervisors' rankings of affective sensitivity and counseling effectiveness

Sample Group	N	Supervisor 1 Affective Sensitivity	Supervisor 1 Counselor Effectiveness	Supervisor 2 Affective Sensitivity	Supervisor 2 Counselor Effectiveness
O	16	.32	.31	.28	.32

A third concurrent validity study was carried out using 13 members of Group O and 3 members of Group N. These 16 individuals are hereafter referred to as Group ON. Audio tapes of counseling sessions were obtained from these counselors, and 20 counselor responses from each tape were rated by three judges using the IPR Counselor Verbal Response Scale (CVRS).[15] The scale provides four subscores labeled Affect, Understanding, Specific, and Exploratory, along with a more general counselor response evaluation score labeled Effective. The five scores provide a measure of counselor effectiveness.[16] Pearson product-moment correlation coefficients (r) were calculated between the sample group's scores on each dimension of the scale and the group's scores on Form B of the Affective Sensitivity Scale. The resulting _r_'s were Affect .16, Understanding .26, Specific .18, Exploratory .28, and Effective .21. All of the _r_'s were positive, but none of them were significant.

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[15] Copies of the scale and its manual can be found in Appendix B. The manual defines each dimension of the scale and indicates how judges are to use the scale in rating video or audio tapes of counseling sessions.

[16] For further information concerning the development, validity and reliability of the CVRS, see Chapter II, Section II of this report.

Sample Groups I, M, and L were used in a fourth concurrent validity study. Form B of the scale was administered to the three groups toward the end of their academic year institute experiences. At the same time, peer and staff ratings of counselor effectiveness were collected using the forms in Appendix G. Correlation coefficients (_r_'s) were calculated between scale scores and the two variables, peer and staff ratings. Table 3.17 presents the coefficients obtained.

Table 3.17 Correlation coefficients (_r_'s) between Form B scale scores and the two variables, peer and staff ratings of counselor effectiveness

Sample Groups	N	Correlations Peer Ratings	 Staff Ratings
I	27	.42[a]	
M	24	.17	.20
L	26	.32[b]	.28

[a] Significant at the .025 level.

[b] An _r_ of .33 was needed for significance at the .05 level.

No staff ratings were obtained for Group I. Two complete and four partial staff ratings of Group M members were collected. Ratings of all group members were obtained from 4 staff members for Group L.

Predictive Validity Study.--Sample Group I (_N_ = 26) was administered Revised Form A at the beginning of the institute, and seven months later this same group was given Revised Form B. Both times the scales were administered, peer ratings of counselor effectiveness were collected using Form 1 shown in Appendix G. Because of this, it was possible to calculate a correlation coefficient (_r_) between Form A scale scores obtained at the beginning of the institute and peer ratings of counselor effectiveness collected at the end of the institute. The resulting _r_ was .49 (df = 24, _r_ of .45 is significant at the .01 level).

Construct Validity Studies.--Sample Groups J and K consisted of individuals attending academic year master's degree NDEA Counseling and Guidance Institutes. Form B of the Affective Sensitivity Scale was administered to both groups at the beginning of the institutes. Six months later the scale was again administered. A t test for correlated means was computed between the pretest and posttest means of both sample groups to determine if there were a significant increase in the posttest means. This procedure examined the hypothesis that experiences provided by a full academic year NDEA Counseling and Guidance Institute would cause significant increases in individuals' affective sensitivity. The pretest and posttest means, the mean differences, and the obtained t values for Groups J and K are presented in Table 3.18.

The data in Table 3.18 indicates that the mean scores for Groups J and K did significantly increase during the training period. Within each sample group there was a large difference in the amount of growth shown by various individuals. The largest growth for an individual in Group J was +15 scale points; the least was -10. The largest individual growth in Group K was +11 scale points; the least was -6.

Table 3.18 Data resulting from the administration of Form B on a pretest and posttest basis to Sample Groups J and K

Sample Groups	N	Pretest Mean	Posttest Mean	Mean Difference	t Value
J	26	51.35	54.08	2.73	2.21[a]
K	30	54.26	57.03	2.77	2.80[b]

[a] Significant at .025 level, one-tailed test (df = 25, t value of 2.06 = .025 level).

[b] Significant at .005 level, one-tailed test (df = 29, t value of 2.76 = .005 level).

Group P, 26 undergraduate students at a large midwestern university, was also administered Form B on a pretest and posttest basis separated by a one-week time interval. The two goals of this procedure were to obtain a test-retest r for Form B[17] and to determine if the practice effect involved in pretesting and posttesting the same sample group would cause an increase in the mean posttest score. The pretest mean was 52.00 and the posttest mean was 51.88 with a mean difference of -.12.

A second study was carried out to investigate the implied relationship described in Chapter II. Briefly, this hypothesized relationship is that individuals who are effective as counselors score high on the scale, but individuals who are ineffective score either high or low. The data from two sample groups, I and L, was used to examine this relationship. Individuals from these two sample groups were assigned to the categories of a two-by-two contingency table according to two variables--Form B scale scores and average peer ratings of counselor effectiveness. The high and low values for each variable were determined by each sample group's mean score for that measure. The results of this procedure are shown in Table 3.19.

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[17] This test-retest r value has been previously reported in this chapter in the section labeled "Reliability."

Table 3.19 Individuals from Groups I and L classified according to high-low Form B scale scores and high-low peer ratings of counselor effectiveness

		Peer Ratings	
		High 50 Percent	Low 50 Percent
Form B Scale Scores	High 50 percent	18	13
	Low 50 percent	6	16

A chi square calculated using the entries in Table 3.19 was 4.92 which is significant beyond the .05 level (chi-square value of 3.84 is significant at the .05 level, df = 1). This chi-square value was expected becuase a significant or close to significant correlation was found for both groups between the two variables used in this comparison (See Table 3.17). However, the interesting aspect of this comparison was that there were few individuals in the low scale--high peer rating category. It was also observed that these few individuals seemed to be borderline cases. To examine this, a similar comparison was made using 12 individuals from each sample group, the six with the highest and the six with the lowest scale scores. This approximated the highest and lowest scoring quartile in each sample group. Table 3.20 shows the results of this procedure.

Table 3.20 Individuals from Groups I and L with Form B scale scores in the top or bottom quartile categorized according to high-low peer ratings of counselor effectiveness

		Peer Ratings	
		High 50 Percent	Low 50 Percent
Form B Scale Scores	High Quartile	6	6
	Low Quartile	1	11

The entries in Table 3.20 show that when individuals with scale scores in the highest and lowest quartile were used, the low scale score--high peer rating category came close to being empty.

Interpretation, Discussion, and Conclusions

In this Section, the results obtained with Revised Form B are interpreted and discussed, and some conclusions are given.

Reliability

When the sample was large enough and especially when the variance within the group was great enough, the K-R_{20} coefficients calculated for Form B (Table 3.13) were generally above .70. Coefficients lower than this value were always directly associated with lower, more restricted standard deviations (SD).

The homogeneity of some groups may have been caused by selection procedures used by some universities sponsoring NDEA Counseling and Guidance Institutes. Some universities had many more applicants than they could possibly accept; as a result, their selection requirements were high and quite restricted in range. This could have feasibly resulted in institute groups with very narrow ranges of ability, experience, and personality factors. This was especially evident for the institute groups at large northern universities located in the midwestern states (Sample Groups I, I, and J). This argument was further supported when the scale was administered to groups assumed to consist of individuals with a wider range of ability, experience, and psychological characteristics--Groups N and P. Group N was composed of practicing school counselors. Even though its N was small (24), its SD was large (8.36), and the resulting K-R_{20} was one of the higher ones (.76). Group P consisted of 50 undergraduate students when the scale was administered on a pretest basis. The SD was 8.02 and the K-R_{20} was .73. When the posttest was administered, the SD and the K-R_{20} markedly dropped (6.08 and .53); however, this large drop was probably caused by the big decrease in the size of the group, 50 to 26, from pretest to posttest.

Groups L and M with small N's, 27 and 24, had substantial SD values of 8.35 and 8.83 and produced K-R_{20}'s of .76 and .77, two of the higher ones obtained. The main identifiable difference between these two institute groups and those previously mentioned was that these were located at universities in southern states. It may have been that these institute groups, because of the locations and selection procedures of the universities, consisted of more heterogeneous populations.

This effect of varying K-R_{20} values is not entirely the result of the various sample groups used. It must be regarded as the result of two interacting variables, the variance within the sample groups and the discriminating ability of the scale items. If the discriminating ability of the scale could be further improved, its ability to measure individuals' true variance on the trait of affective sensitivity would be likewise improved, and this would result in higher reliability coefficients regardless of the sample groups.

It can be concluded that for somewhat heterogeneous groups the reliability of Revised Form B can be expected to be above .70. This would include most groups of practicing school counselors and probably most groups of individuals entering counselor training programs. This conclusion is further supported by the test-retest $\underline{r}$ for Group P of .75 and the K-R_{20} for the combined Sample Group J-Q (N = 232) of .74.

Item Analyses

Table 3.12 gives a rather complete internal statistical analysis of scale Form B based on the responses of 232 individuals who varied greatly in their relevant training and experience. At one extreme were individuals who were undergraduate students with no training in counseling; at the other extreme were individuals engaged in counselor training programs at the doctoral level.

The mean scale score for Group J-Q was 51.8 The ideal mean score for the scale would be near the midpoint of the range between the highest possible and the expected chance score.[18] This value would be approximately 59. The data in Appendix I indicates that most institute groups when tested toward the end of their training had a mean score near this value. The posttest means for Groups I, J, K, and L were 58.7, 54.1, 56.8, and 53.9 respectively. The one exception was the mean of Group M, 48.8. The mean of Group J-Q was thus lowered because of the relatively lower means of Group M, Group N (practicing school counselors) and Group P (undergraduate students).

The mean level of item difficulty is directly related to the obtained mean scores. The mean item difficulty for Group J-Q was 42; the ideal value would be 33 or less.[19] Appendix I indicates that the mean item difficulty for the posttested institute groups, with the exception of Group M, approached this value.

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[18] All of the ideal statistical standards used for comparison purposes in this Section come directly or indirectly from Ebel (1966).

[19] Lord (1952) suggested 23 as the ideal difficulty level for a three choice multiple-choice test.

The mean item discrimination was 23 (Table 3.12). The ideal would be 30 or more. Of the indices, 45 percent were between 21 and 40 which is satisfactory. However, too few, 11 percent, were above 41 and too many, 43 percent, between 0 and 20.

The standard deviation was 8.26. The ideal would be in the area of one-sixth of the range between the highest possible scale score and the expected chance score. For Form B this would be 9.88.

Validity

The description of the procedures used to develop the Affective Sensitivity Scale given in Chapter II and the internal analysis data just discussed give some indication of the content validity of the scale. Data from studies investigating other types of validity are discussed in this section according to the validity classifications used in previously presenting the data.

Concurrent Validity.--The rho's calculated between the therapist's affective sensitivity rankings of members of subgroups Q_1, Q_2, and Q_3 and the members' Form B scale scores were among the highest correlations obtained in any of the validity studies (Table 3.14). Perhaps one logical reason for this would be that the therapist worked closely with individuals in each subgroup for a minimum of 15 one-hour group counseling sessions. Consequently, the therapist was familiar with the personality dynamics of each person and was able to assess quite accurately each person's ability to be sensitive to the feelings expressed by others.

The rho values shown in Table 3.15 between group members' average sensitivity rankings of each other and scale scores were substantial for the two subgroups Q_2 and Q_3. The correlation for the other group, Q_1, was slightly negative, -.10. The reason for the substantial correlation with the two subgroups and the slightly negative correlation for the other group is not clear from the present data shown in Table 3.14 and 3.15. However, there is some consistency in the results because subgroup Q_1 also had the lowest correlation when therapist's rankings were the criterion.

The correlations obtained from the second concurrent validity study involving Group O were significant at the .06 and .05 levels when averaged together, but they were not as substantial as those obtained with Group Q. The reason for this could be that the individuals in Group O took part in the practicum experience at different times--some the first three months of the academic year, some the second three months, and some the third. The two staff members who worked with all three of the subgroups were not asked to rank any of these individuals until after the end of the third three-month period. By that time it was very possible that the staff members' judgments concerning the first and second quarter people could have been somewhat altered due to the intervening time period. For example, the first-quarter people were not ranked until approximately six months after they had completed their first quarter of practicum. During this time period, the staff members' judgments could have been affected by forgetting or by additional contacts and experiences which they had with the practicum students. In spite of these adverse conditions, significant correlations were obtained, and rankings of both staff members correlated equally well with the scale scores. There was little difference between the correlations obtained with affective sensitivity rankings and those obtained with counselor effectiveness rankings. Most individuals seem to view the two variables as highly related. The correlations between the two rankings made by each staff member in this study were .98 for Supervisor 1 and .79 for Supervisor 2.

The third concurrent validity study using individuals in Group ON indicated the Form B scale scores had a low but positive relationship with the subscores of the IPR Counselor Verbal Response Scale (CVRS). It was expected that the highest _r_ would be found between scale scores and the Understanding dimension of the CVRS, since this dimension comes closest to describing a type of affective sensitivity. The obtained _r_ of .26 was one of the highest; however, the Exploratory dimension had a slightly higher _r_ of .28. This may be due to a chance fluctuation in the scores, or it may be that these two dimensions of the CVRS are more highly interrelated than the others.

One factor which could have limited all of the correlations obtained using the responses of Group ON could have been the homogeneousness of the group. Thirteen of the 16 individuals in the group had approximately the same level of training and experience. All 13 had just finished their first quarter of counseling practicum at the doctoral level. The other three individuals were practicing school counselors. Ideally, to obtain the maximum possible _r_'s between Form B and the CVRS, the sample group should have contained individuals from all levels of training and experience. Both variables, Form B scores and CVRS scores, would then have maximum variation, and the obtained _r_'s would give a truer indication of the relationship between them.

The fourth concurrent validity study provided results similar to those obtained with the developmental forms of the scale. A positive but low relationship was found between scale scores and staff or peer ratings of counselor effectiveness.

It can be concluded from these validity studies that a positive relationship exists between Form B scale scores and other, usually more subjective, measures of counselor effectiveness or affective sensitivity. The strength of the relationship varied from study to study depending on a number of factors. The average correlation obtained across all studies which dealt with the relationship between scale scores and counselor effectiveness was +.26, with a high correlation of +.42 and a low of +.16. The average correlation across all the studies that dealt with the relationship between scale scores and subjective measures of affective sensitivity was +.38, with a high correlation of +.64 and a low of -.10.

Predictive Validity.--The one predictive validity study using Sample Group I indicated that there was a substantial relationship (+.49) between Revised Form A scale scores and later evaluations of counselor effectiveness. However, this result must be regarded with some degree of caution for two reasons. First, the result was obtained using the scores from Form A. Approximately 50 of the items on Form B are the same as those on Form A, but the remaining Form A items were revised, some slightly and some substantially, before they were included in Form B. Second, there was only one study, so the result needs to be substantiated by others. For these two reasons the result, before it can be accepted with a great degree of certainly, needs to be substantiated by other similar studies using Revised Form B.

Construct Validity.--The validity study using Group K and J indicated that groups of individuals taking part in a counselor education program did increase in their affective sensitivity. That this increase was not caused by the practice effect of pretesting and posttesting was shown by the study using Group P. The group cannot be equated with the other two groups because it consisted of undergraduate students, while Groups J and K consisted of graduate students attending counselor training institutes. However, if there were any practice effect inherent in administering Form B on a pretest and posttest basis, it should have influenced especially Group P's posttest scores because the pretest and posttest were only one week apart, whereas Groups J and K had a six-month time span between tests. The mean change for Group P from pretest to posttest was slightly negative.

The size of such increases would be a direct function of the type and duration of experiences the training program provided. The more the program provided the individual with experiences which would hilp him to understand and be sensitive to his own and other feelings, the more he should increase in affective sensitivity. The amount and depth of such experiences provided for Groups J and K are not known, but they were provided with some such experiences, and they did show increases on the scale. The increases were not great, but they were large enough to be significant gains, thus indicating that Form B will measure change in individuals' affective sensitivity associated with counselor education programs.

The second construct validity study gave support to the hypothesized relationship that individuals ranked high in counselor effectiveness tend to score high on the scale but those ranked low tend to score either high or low. If these findings were to be supported by other studies, the implication would be clear. High affective sensitivity would not assure counselor effectiveness, but a certain degree would be a prerequisite for it.

Review

Revised Form A was constructed largely from the discriminating items in developmental Forms I, II, and III. Some items were partially and some extensively revised to lower the average difficulty index of Form A. The form was administered to a sample group. The mean item difficulty was 36. The K-R_{20} was .57. Thirty-nine items had Student's *t*'s significant above the .20 level. Scale scores correlated slightly negative (r = .02) with peer ratings of counselor effectiveness.

In reducing the difficulty level of Form A, many items had been made too easy, and both the high and low scoring individuals correctly answered them. It appeared that the negative *r* obtained with peer ratings resulted from the administration of the scale at the beginning rather than the end of the institute.

From the item analyses of the three developmental forms and Form A, patterns emerged which permitted certain generalizations concerning the type of items which differentiated between high and low empathizers. This information was used in constructing Revised Form B. The form mainly consisted of the items which had worked well in Form A. Additional items which had discriminated well in the original forms, but not in Form A, were returned to their former content. Some items which had not discriminated at a satisfactory level on any of the forms were revised using the generalizations derived from the study of the previously discriminating items.

Form B was administered to a number of sample groups designated as I, J, K, L, M, N, O, P, and Q. The form was given to some groups on a pretest and posttest basis and to others only once. If it was administered once and the group was a counseling and guidance institute, it was administered near the end of the experience. The sample groups and resulting K-R_{20}'s were I .61; J .62, .70; K .58, .68; L .76; M .77; N .76; and P .73, .53. A test-retest *r* calculated for Group P was .75. A minimum estimate of scale score stability over a six-month time period was determined by calculating *r*'s between pretest and posttest scores for Groups J and K. The *r*'s were .58 and .67 respectively. A K-R_{20} calculated for Group J-Q, a combination group consisting of many of the previously mentioned groups, was .74.

An item analysis and further internal analysis of Group J-Q's responses to the scale resulted in a mean item difficulty of 42, a mean item discrimination of 23, a mean point biserial correlation of 20, a standard error of measurement of 4.23, a mean score of 51.8, a standard deviation of 8.26, and a range of 25-74.

Validity studies were carried out with Form B, and the results were presented and discussed using the validity classifications of concurrent, predictive and construct. In a concurrent validity study, correlations (rho's) of .35, .59, and .64 (when added together and averaged, significant at .01 level) were obtained between therapist's rankings of group members' sensitivity to feelings and members' scale scores. Correlations (rho's) of -.10, .51, and .59 were obtained between scale scores and group members' average sensitivity rankings of each other. In a second study, correlations (rho's) of .32 and .28 (when added together and averaged, significant at .06 level) were obtained between supervisors' rankings of doctoral practicum students' sensitivity to feelings and student's scale scores. Correlations of .31 and .32 (when added and averaged, significant at .05 level) were obtained for the same group between ranked scale scores and supervisors' rankings of group members according to counselor effectiveness. A third study correlated scale scores with subscores of the IPR Counselor Verbal Response Scale (CVRS). The dimensions of the CVRS and the resulting r's were Affect .16, Understanding .26, Specific .18, Exploratory .28, and Effective .21. A fourth study resulted in r's of .42, .17, and .32 between scale scores and peer ratings of counselor effectiveness, and r's of .20 and .28 between scale scores and staff ratings of counselor effectiveness.

The predictive validity study resulted in an r of .49 (significant at .01 level) between Form A scale scores and later peer ratings of counselor effectiveness.

Theconstruct validity study indicated mean scores for Groups J and K significantly increased during a pretest to posttest training period of six months. Group J's increase was significant at the .025 level and Group K's was significant at the .005 level. To determine if increases in scale scores would be attributed to a practice effect, Group P was administered the scale on a pretest and posttest basis separated by a one-week time interval. The mean change from pretest to posttest was slightly negative (-.12). A second study provided data which supportedthe previously hypothesized relationship that individuals who are effective as counselors score high on the scale but individuals who are ineffective score either high or low.

The results obtained with Form B were interpreted, discussed, and the following were concluded:

1. For most somewhat heterogeneous groups the reliability of Form B is above .70. This should include groups of practicing school counselors and probably most groups of individuals entering counselor training programs.

2. The procedures used in developing the scale, along with the results of various item analyses and other internal analysis data, provides some indication of the content validity of the scale.
3. A low but positive relationship exists between scale scores and the usually more subjective measures of counselor effectiveness. The average correlation obtained across all studies was +.26, with a high of +.42 and a low of +.16. A somewhat more substantial relationship exists between scale scores and subjective measures of affective sensitivity. The average correlation obtained across all studies was +.38, with a high of +.64 and a low of -.10. These values are an indication of the scale's concurrent validity.
4. A substantial relationship exists between Form A scores obtained at the beginning of a full academic year counselor training program and peer ratings of counselor effectiveness obtained seven months later.
5. Form B measures change in individuals' affective sensitivity resulting from counselor training programs.
6. Form B is unaffected by the practice effect often evident in procedures involving pretesting and posttesting.
7. Counselors rated as effective by their peers tend to score high on the scale, whereas those rated as ineffective tend to score either high or low.

Conclusions and Implications

Questions could be raised concerning the reliability of Revised Form B of the Affective Sensitivity Scale. The lowest reliability coefficient obtained in any of the studies was .53; the highest was .77, with the preponderance of evidence indicating that for most somewhat heterogeneous groups the coefficient will be above .70. However, even if the highest obtained value of .77 is used, then scale scores only account for 59 percent of the variance within a sample group. This is far from ideal. Yet, it must be kept in mind that the scale and instrument represent an unique approach to the measurement of the psychological variable, affective sensitivity. As such, even with the present reliability, it would seem that the scale and instrument have some practical and certainly a great deal of theoretical value.

Questions could also be raised concerning the validity of Form B. For example, what does the scale actually measure? In one sense this is a question of content validity, and as such, it is a question which every potential user would have to answer for himself considering his own special needs and purposes. The procedures used to develop the scale, along with the results of item analyses and other internal analysis data, have been fully presented. The potential user should acquaint himself with this material, take the scale himself, and then decide whether or not the measurement procedures are valid for his needs and purposes.

However, one aspect of content validity, the stimuli reproduction procedures, could be legitimately questioned. Any situational approach to sensitivity measurement requires that the subject be provided with a testing procedure which is as close to the real-life situation as possible. Ideally, the subject could be confronted with live people, and some procedure could be used to measure his sensitivity to their feelings. Yet, this procedure would present obvious measurement problems of scoring and standardization. Still, the validity of the procedure used in this research can be questioned. Would the subject react to the video tape scenes of counselor-client interaction in the same manner as he would to the same counselor and client in the same situation if he were confronted with their actual, not videotaped, presence? The probable answer is that the subject would not react in exactly the same way; but, then the important question becomes, is the difference great enough to distort seriously the validity of the measurement results? The answer to this question should be determined more definitely by future research. Nevertheless, the use of video tape scenes of real clients has obviously enabled a better transfer from a theoretical to an operational definition of affective sensitivity (or its related, if not identical concept, empathy) than that achieved by most previous studies. Also, the reliability and validity evidence presented in this study seems to support this contention; however, there is still much room for improvement.

A number of concurrent validity studies were carried out with Form B, but did the criterion variables which were used really measure affective sensitivity (empathy) and counselor effectiveness? If a reliable, valid and otherwise feasible criterion measure of affective sensitivity were available, there would be little need for the new test. This would be the case unless the new test made some contribution which went beyond the older approaches. The criterion variables used in this study provided some indication that the scale scores were related to other approaches of measuring similar or related traits. It was assumed in this research that the scale would be related to, but not perfectly correlated with, the criteria. In some cases, the reliabilities of the criterion variables were doubtful that they are measures which could be used *instead of* the Affective Sensitivity Scale.

Evidence of the predictive validity of Form B is significant, but the predictive utility of the scale is far from adequately established. The one study did indicate that Form A predicted with a moderate degree of accuracy peer ratings of counselor effectiveness obtained after a seven-month training experience. If this finding were to be substantiated using Form B and other criterion measures, the scale would probably have value to counselor education programs as both a research and selection instrument. If the scale and instrument were further refined and combined with other measurement procedures, it might be found that an accurate prediction of post-training counselor effectiveness would be possible.

The construct validity study indicated scale Form B did measure change where change was expected. However, even though the mean changes in the groups during the training period were significant, they were not very large (approximately 3 points). There could have been two reasons for this. First, the scale may not have been accurate enough to measure the change which actually took place. There is undoubtedly some element of truth in this first possibility because the measurement procedure is clearly not perfect. However, in a number of individual cases increases from pretest to posttest did indicate large degrees of growth. Because change in scale scores for some individuals was as much as 15 scale points, it seems quite possible that had the group gain been large the scale would have measured it, especially since the individual gains did not seem to be related to a practice or regression effect. Second, there might not have been any more change than the scale measured. If this second possibility is true, it could be caused by one of two factors. Either the program did not provide all individuals with experiences which would increase their sensitivity, or the affective sensitivity of individuals is a stable, unchangeable trait. The individual growth variance as measured by the scale would argue against this latter statement. Therefore, it seems most likely that the other is true. This is probably more an indication of our present knowledge concerning adequate counselor preparation than it is a criticism of any particular program. If this reasoning is sound, it contains some important implications for counselor education programs and any other training programs concerned with effective interpersonal interaction (See 'Theoretical Implication,' the next section of this chapter).

In summary, given our present state of knowledge in developing procedures to measure interpersonal sensitivity and given that the face validity of the procedures used in this research are accepted, then it can be generally stated that scale Form B is presently the 'best" means available for measuring the psychological trait of affective sensitivity. This trait should be a relevant component, if not the major aspect, of most conceptual understandings of empathy and the empathic process.

Theoretical Implications

It has been implied throughout various aspects of this study that affective sensitivity is a psychological trait which is measurable, that individuals have this trait in varying degrees, and that this degree is subject to change through training procedures.

By definition, the person high in affective sensitivity accurately perceives the affective states of others and identifies them without distortion. He is able to associate verbal, nonverbal, and perhaps even other types of cues with certain emotional states, and he can accurately describe them. He may even associate certain cues with unique meanings which they have for an individual. The person low in affective sensitivity either does not accurately perceive affective states in others, or he somehow distorts them in the identification process. If the first is true, it means that the person has not learned through experience what the various cues mean. Except in a very few cases this seems unlikely. It is more likely that he does accurately perceive the cues, but then the individual's various defensive mechanisms, peculiar in content and strength to the personality structure of the individual, change the perception and the result is a distorted identification. For example, a person who has found through past interpersonal interaction that anger is a hurtful and threatening experience may tend to distort his identification of this feeling. He may feel that anger in others is always directed toward him and so react by not recognizing anger in others or by projecting onto the other some distorted or entirely different affective state. Thus, if he viewed a videotape scene of a client experiencing anger, he might distort his identification and attribute to the client a feeling of mild irritation or even the entirely different feeling of confusion. This process assumes two states of perception, a sensory one and an interpretive or labeling one. Anger is thus perceived (sensed) but identified (labeled) as irritation.

Some evidence for this conceptualization was obtained from the observations concerning items which discriminated well between those scoring high and low on the various developmental scale forms. The items usually contained correct answer statements describing fairly strong emotions which the client was experiencing. The highly sensitive person accurately identified the statement, but the person low in affective sensitivity was attracted to a moderate or neutral statement of client feelings. This implies that the person low in sensitivity may be threatened by strong emotional states and needs to distort them to neutral or low levels of affect. If true, the greater the number of feelings he would need to distort and defend against, the lower would be his affective sensitivity. The stronger the feeling state, the greater would be his anxiety, and the more he would need to defend against it. If so, the person high in affective sensitivity would need to defend against and distort his perceptions of very few, if any, emotions.

Another trend was evident with items which described the relationship between counselor and client. The distractors which were negative statements about the client's feelings toward the counselor were usually the ones which attracted the low scoring individual. This trend was not nearly as strong as the previously discussed one, but perhaps it is an indication that low scorers often expect to be rejected by clients, and therefore they projected that clients in the videotape scenes were feeling negative toward the counselors.

Another theoretical aspect of affective sensitivity is its degree of relationship to effective counseling. If one accepts the counselor effectiveness criteria used in this research, then the implication is that the relationship is positive, but not necessarily highly so. Of course, since both the scale and criteria contain a degree of error variance, the true relationship is probably somewhat different (higher or lower) than indicated in this research. Even allowing for the depressing effect of the error variance would not produce as strong a relationship as many believe should be found to exist between the two variables. The cause of this seems to be in the design of the measurement procedure. The procedure used in this research measures an individual's ability to identify accurately the feelings of another; it does not measure his ability to use this knowledge or understanding effectively to promote positive client growth in a counseling relationship. A highly sensitive person may be afraid of using this understanding or knowledge in the counseling relationship. He may have hgih affective sensitivity but be a slow learner of counselor role and skills. He may be afraid he will hurt the client or scare him away. He may have high affective sensitivity and yet not be liked by his peers or supervisors. He may be highly sensitive but be unable to use this aptitude in any or most of his interpersonal relationships. The data in Tables 4.8 and 4.9 give objective evidence that a person can be high in affective sensitivity and still not be effective as a counselor whereas the reverse does not usually seem to be true. A high scale score seems to be a necessary but not a sufficient condition for being judged an effective counselor by one's peers. The affective Sensitivity Scale may thus prove to be a better predictor of which counselors will fail than of which will succeed.

If the previous theoretical thoughts are true or even partially true, they have some important implications for counselor education programs. One implication is that a certain degree of affective sensitivity is necessary for effective counseling. If this is the case, only those who have the necessary sensitivity should be admitted to training programs, or the experiences necessary to develop this required degree of sensitivity[20] should be provided by the programs. At the present time the first alternative is not feasible because of the lack of knowledge concerning the degree of sensitivity and the degree of other traits which may be necessary for effective counseling. The second alternative implies that affective sensitivity is a psychological trait which can be increased through training procedures. A related theoretical implication is that certain types of experiences are more effective than others for promoting an individual's growth in affective sensitivity. According to the theory outlined in this section, the person low in sensitivity may be a person who is threatened by emotional communications from others. He distorts certain of these communications and identifies them inaccurately. Thus, he does not readily recognize certain emotional states in himself or in others. It is possible that an effective affective sensitivity growth-producing experience for such a person would be one which would provide him with a means of assessing and reorganizing his own personality structure. He would need to recognize his own emotions and his distortions of the communications from others. He might then need practice in using his new, less distorted, perceptual labels. It is doubtful that such experiences can be provided in the typical academic classroom. What is implied is that if the potential counselor needs an extensive experience involving individual and group counseling for himself, then these procedures would have to be added to most existing counselor education curricula. Research would then be needed to determine if such experiences would be effective for improving the potential counselor's sensitivity to the affective states of others and for improving his effectiveness as a counselor.

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[20] For the results of experiences designed to effect improvement in sensitivity see next chapters, this section.

POSTSCRIPT

A Comparison of the Performance of Music Majors and Engineering Majors on the Affective Sensitivity Scale

POSTSCRIPT TO CHAPTER II

A COMPARISON OF THE PERFORMANCE OF MUSIC MAJORS AND ENGINEERING MAJORS ON THE AFFECTIVE SENSITIVITY SCALE[1]

This study was conducted to find out if there were measurable differences between music majors and engineering majors on the Affective Sensitivity Scale, Form B.

Students were randomly selected from enrollment lists. 75 music majors and 75 engineering majors were selected and invited to participate in the viewing of the Scale. The students were given the choice of two different evenings for participation (April 17 and 18). A total of 37 participated, 22 were music majors and 15 were engineering majors.

Comparisons were made according to the subject's curricular area and according to the subject's level within the curricular area. Freshmen and sophomores were designated as "beginning" students and juniors, seniors and graduate students were designated as "advanced" students.

As indicated in the following representation, intergroup and intragroup comparisons were made. A one-tailed test was used to find out if the group means on the Affective Sensitivity Scale could discriminate between the groups.

The comparative results of the performance of music majors and engineering majors on the Affective Sensitivity Scale were:

Total Group (Music Majors vs Engineering Majors)

Music Majors	Engineering Majors	t = 1.901
Mean = 49.27	Mean = 45.4	(t = 2.03 needed for significance at .05)
N = 22	N = 15	

[a]Partial Group (Beg. Music Majors vs Beg. Engineering Majors)

Beg. Music Majors	Beg. Engineering Majors	t = .31
Mean = 45.1	Mean = 44.7	
N = 12	N = 6	

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[1] This study was conducted in collaboration with S. Joseph Levine who volunteered his time to the project.

Comparative results continued

[a]Partial Group (Adv. Music Majors vs Adv. Engineering Majors)

Adv. Music Majors	Adv. Engineering Majors	t = 7.448*
Mean = 54.3	Mean = 45.9	
N = 10	N = 9	

[a]Partial Group (Beg. Music Majors vs Adv. Music Majors)

Beg. Music Majors	Adv. Music Majors	t = 8.44*
Mean = 45.1	Mean 54.3	
N = 12	N = 10	

[a]Partial Group (Beg. Engineering Majors vs Adv. Engineering Majors)

Beg. Engineering Majors	Adv. Engineering Majors	t = .908
Mean = 44.7	Mean = 45.9	
N = 6	N = 9	

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[a]Beginning students were defined as freshmen and sophomores; advanced students were defined as juniors, seniors, and graduate students.

*Significant at the .01 level.

Based on a relatively small sample, it appears that there are significant differences between freshmen or sophomores and juniors, seniors and graduate students majoring in music. The more advanced groups of music majors score significantly higher on the Affective Sensitivity Scale than do beginners, suggesting that those students who continue to major in music at Michigan State University beyond the sophomore year improve in their affective sensitivity; or else, there is an attrition rate which tends to eliminate those students whose affective sensitivity is relatively low. No such change is noted between beginning and advanced students in engineering, suggesting that neither the program nor the attrition rate in engineering is related to affective sensitivity.

In interpreting these data, the need for replication is acknowledged. The differences observed could be an accident due to the type of student who volunteered from each curricular area, the timing of the study or some other unknown variable. Within these delimitations it is concluded that significant differences do exist between advanced engineering majors and advanced music majors. This provides some further information about the validity of the scale.

CHAPTER III

THE AFFECTIVE SENSITIVITY SCALE AND THE MEASUREMENT OF PERSONAL GROWTH

Introduction

This Chapter contains the results of studies evaluating the Scale's potential to reflect changes associated with experiences designed to increase interpersonal sensitivity.

Necessary Characteristics of an Instrument to Measure Affect

What evidence would one gather to show that a scale does have validity as an affective sensitivity measure in counselor education, "t" group experiences, or any of the other types of planned interventions in the feelings or perceptions of another? The following seem crucial:

1. If a scale were developed to measure one's sensitivity to another's feelings, one would expect it to be responsive to intensive experiences designed to increase one's sensitivity. Furthermore, differential changes might be expected among groups where differential experiences are involved.
2. One would expect such a scale to be sensitive to changes from less intensive experiences but which were of longer duration.
3. One would expect no changes on the scale as a result merely of passage of time or of casual or placebo treatment.
4. One would expect positive correlations to exist between such a scale and measures of other correlates of affective sensitivity such as ego strength, openness and self-acceptance.

Procedure

Study I.--Evidence of the first and fourth characteristic were gathered in a study involving a 10-day "t" group laboratory experience. Within the last two decades, intensive group experience has become a powerful force as a psychotherapeutic procedure but small group procedures have also been used to effect change in groups whose members do not seek or need psychotherapy. Such intensive group experiences have been called by various names depending on the setting in which they take place and the goal they seek to achieve. It is most often referred to as the _t group_ or _sensitivity training_ (bradford, et.al., 1964); but Rogers prefers the term, _basic encounter group_. Rogers (1966) believes it is one of the most potent of social innovations. The "t" group laboratory in this study (State of Michigan Training Laboratory, Winter, 1967) consisted of 72 participants, all volunteers, ranging in age from 17-year old high school students to adults in their 60's. The range of experiences were also diverse. Some participants were professional counselors with considerable experience in counseling groups, while others were housewives. Each group had two leaders assigned to it. Leaders came from a variety of backgrounds including: psychology, religion, sociology, economics, and education. Each leader had previous group experience but here too there was a rather wide range. The activities in the "lab" were quite typical of this type of very intensive, brief interpersonal experience in studying one's own emotions, the emotions of others and one's impact on others in a group (Bradford, _et_._al_., 1964). One would expect such experiences to influence the sensitivity of participants. At the beginning of the Lab, 59 of the participants and 11 "trainers" took the kinescope version of the Affective Sensitivity Scale.[1] During the ten-day experience, the participants were assigned to six groups on the basis of maximum mix of lab participants. The groups met on the average of 8-10 hours per day. There was also a nonverbal session of approximately 45 minutes in the morning and usually a 30-minute theory session at night.

No group viewed the film again until the close of the lab, when 51 of the participants, including four trainers, took the same version of the Scale.[2] In addition, the MMPI K-scale was given at the end of the 10-day experience.

Study II.--Evidence of the second type of characteristic listed has been presented in Chapter I of this Section. The Scale was given to each of two year-long NDEA Counseling and Guidance Institute groups near the beginning of the year and again six months later. In each Institute, the participants had practicum experience, intensive supervision, and most were themselves participants in small groups. While the Institute experience seems to have been less intense than the Lab, the duration was longer. (Data presented in Chapter 2, Table 3.18)

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[1] Previous administrations have indicated the mean score of the Scale on kinescope tends to be lower than scores on videotape. See Chapter I, this Section.

[2] Although not central to the purpose of this Chapter it is interesting to note that a Kuder-Richardson Formula Reliability check (formula 20) was .69 for the pretest and .74 for the posttest, and that the pre-post test correlation was .76.

Study III.--Finally, evidence of the third characteristic was gathered in order to determine if casual experiences, placebo treatment, or just the re-taking of the Scale would affect Scale scores. A placebo treatment was designed which consisted of a nonverbal behavior scale, an exercise in which the subject was asked to judge the intensity of an emotion protrayed by various actors. The exercise requires about 45 minutes to administer. It focuses the subject's attention on human behavior but is not a very potent treatment and one of very short duration. Fifty subjects volunteered for the experiment. These subjects were students in two different undergraduate education courses in the College of Education at MSU. In each of the courses, a presentation was given of some background on affective sensitivity, its importance in teaching and the development of the Scale. The subjects were then offered an opportunity to take part in an experiment which might increase their sensitivity. The subjects were also promised the results of the tests.

The videotaped nonverbal exercise was given within three days of the pretest and the post administration of the Scale was given 1½ weeks after the exercise. Of the 50 subjects, only twenty-six completed the entire task. While the mortality rate was high, those who did complete the study were probably more highly motivated than those who did not, and one might thus expect the chances for "growth" enhanced.

Results.--The mean score on the pretest for the participants who completed both pre and posttest of the lab "t" group experience (Study I) was 47.31; the mean score on the posttest was 49.45. A t test for correlated means was computed to determine whether the means of the pre-post group differed at the .05 level. A t ratio of 2.008 with 50 d.f. is required for significance at the .05 level. This indicates, then, that the mean score for the 51 participants did differ significantly from pretest to posttest and that the Affective Sensitivity Scale did, in fact, respond to changes in affective sensitivity associated with an intensive group experience. In order to test whether differential changes in the Scale might result from differential group experiences, the pre and posttest means for each of the six groups were compared. However, it was first necessary to determine whether significant differences existed on the pre-scale measures.

Table 3.21 F test of pre-scale differences among groups

Source	Sum of Squares	df	Mean Square	F
Among	230.42	5	46.084	.873
Within	2163.41	41	52.766	
	2393.83	46		

As indicated in Table 3.21 no significant differences existed among the six groups on pre-scale score on an F test and a t test for the gain scores of related samples was then calculated.

Table 3.22 Comparison of pre and post scale means and growth scores by groups and by individual subjects

Group	Pre	Post	Mean Gain	N	t ratio	Growth Scores
A	43.80	46.60	+2.80	5	1.26	+5; +2; +10; 0; -3
B	49.67	49.44	-.23	9	-0.147	+2; -7; -3; 0; +8; +3; -4; -2; +1
C	47.11	49.00	+1.89	9	0.922	+5; -10; +2; +10; 0; 0; +9; +4; -3
D	50.75	54.50	+3.75	8	*2.22	+9; -2; +3; +10; +5; +7; -1; -1
E	45.56	52.33	+6.77	9	**3.92	+15; +2; +11; +4; 1; +2; +8; +5; +13
F	48.00	45.00	-3.00	7	-0.985	+11; -5; -12; -8; -5; +5; -7

* .05 level (1.895)
** .005 level (3.35)

As indicated in Table 3.22, significant mean gain scores on the Affective Sensitivity Scale were found for groups D and E.

Also, examination of the individual growth scores for each member of the six groups indicates that:

1. The two largest gains were made by people in the same group, E.
2. Only group E has all its members making positive gains.
3. Although there seem to be ranges characteristic of each group, there are wide ranges of individual differences within any group.

The significant gains made by the participants in the Lab are underscored when they are compared to the pre-post Scale changes made by the placebo group of Study III. A pretest mean score of 52.00 was found for the 26 subjects who took both the pretest, the nonverbal exercise, and then the posttest. For the posttest, the mean was 51.88 and so it is apparent by inspection that there were no significant differences in the samples' scores between the two administrations of the Scale. A Pearson product-moment $\underline{r}$ of .75 was computed between the pre and post data of the placebo treatment group.

The K-scale of the MMPI was administered to the participants of the "t" group laboratory in order to determine the relationship between affective sensitivity and a measure of defensiveness. The correlation between the post Scale and the K-scale was found to be .41 and significant beyond the .01 level. A high K score had been found to be positively related to openness on the Rokeach Dogmatism Scale, self concept and high self scceptance adjustment on the Bill's Index and ego strength (Kania, 1965). It has also been found that K scores typically rise after successful therapy (Dahlstrom and Welsh, 1960). Therefore, it seems that the Affective Sensitivity Scale correlates positively with a measure, which despite its title, "Defensiveness," does seem to correlate positively with success in therapy and with measures of openness.

Discussion

From the analysis of data it becomes apparent that the Affective Sensitivity Scale is responsive to different kinds of experiences. Those experiences which were designed to increase interpersonal sensitivity (the "t" group Lab and the two NDEA Counseling and Guidance Institutes) did, in fact, result in significant growth. A casual placebo experience resulted in no gains and hence merely retaking the scale results in no improvement. Therefore, characteristics necessary for an instrument designed to measure growth in affective sensitivity may be present in this Scale.

A number of questions emerge from the findings. What factors brought about the differential changes among the six "t" groups in affective sensitivity scores? Little information was collected about the trainers but it seems possible that the sensitivity and skill of the trainer could be a relevant factor. Another unknown factor is the level of individual participants and how they happened to be distributed among the various groups. One might assume that the more motivated members of a group are, the more likely it is that change will take place within that group. There were large pre-post changes among individual members, but the mean score changes of the total group is quite small. Is this instrument unable to reflect small or moderate growth? One may well question the value of an instrument which reflects only such small group gains after a very intensive group experience; or is it possible that the nature of affective sensitivity is such that only small group gains are to be expected? If affective sensitivity is a trait like that of intelligence, then both hereditary potential and environmental conditions may be influential and large gains by groups should probably not be expected to occur. This raises a question about whether or not people can be "taught" to improve their affective sensitivity.[3] One might also expect that there would be individuals strongly resistant to change. The kind of experiences used to improve affective sensitivity may actually encourage some people to defend even more tenaciously, and to decrease their scores on the Scale.

Summary

Evidence from experimental and field studies suggests that the Affective Sensitivity Scale can reflect personal growth in interpersonal sensitivity.

It was postulated that the instrument should be responsive to intensive experiences designed to increase one's sensitivity. Also, it was expected that if differential experience were involved, then such an instrument should reflect different amounts of change. Data was collected pre and post at a "t" group laboratory experience. Significant changes on the scale did occur and differential changes did take place among various groups.

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[3] One might also anticipate differences in affective sensitivity among cultures and subcultures because of different values within cultures on "open" interpersonal communications and on the importance of individual affect.

It was further postulated that the instrument should be able to reflect changes associated with experiences of a less intensive nature but of a longer duration. Data was collected at two year-long NDEA Counseling and Guidance Institutes near the beginning of the year and again six months later. The nature of the Institutes were such that the type of learning experiences were diverse and not all were designed to increase interpersonal sensitivity. The Institutes thus seemed to meet the criteria of a less intensive experience but one of longer duration. Significant differences were found between pre and post administrations of the Scale over a six month period. The Scale thus seems to be responsive to change associated with long-term experiences.

It was also postulated that the Scale must not reflect growth due to mere practice effect or to casual or placebo treatment. Data was gathered on Michigan State University undergraduates in the College of Education. Students took the Scale, were then given an exercise on nonverbal behavior and again took the Scale one and a half weeks later. No significant changes occurred and so it was concluded that scores on the instrument do not change as a result of retesting or placebo treatment.

Finally, Scale scores were correlated with the K-scale of the MMPI. A K-scale score has been found to relate postively to ego strength and to successful therapy. A significant Pearson $\underline{r}$ of .41 was found. This suggests that psychological variables are associated with personal growth.

Obviously much remains to be done, but these studies suggest that this scale which attempts to measure affective sensitivity may meet some of the necessary conditions to measure personal growth in counselor education programs, "t" group experiences, or other planned experiences designed to improve one's interpersonal sensitivity.

CHAPTER IV

THE PREDICTION OF COUNSELOR SUCCESS--FURTHER CONSIDERATIONS

Introduction

Previous chapters in this Section have reported on the results of the Affective Sensitivity Scale as a predictor and correlate of counselor success. We had been troubled that throughout these studies the Affective Sensitivity Scale has had a positive but only moderately high correlation with such criterion measures as peer and staff ratings of counseling effectiveness. Statistical analyses and clinical judgments have suggested that a high scale score may be a necessary but not a sufficient condition of success as a counselor. This study is an attempt to identify variables which will predict an effective counselor.[1]

Procedure

The Affective Sensitivity Scale was administered to 30 members of an NDEA Institute group at a large Midwestern university before and after training.[2] As part of the usual Institute testing program, the Strong Vocational Interest Blank, the NDEA Comprehensive Exam, the Miller's Analogies, the Guilford Zimmerman Temperament Survey, the Allport-Vernon-Lindzey Study of Values, and the Edwards Personal Preference Schedule were all administered to the enrollees.

Following training, peer group and staff ratings were obtained. Each participant was asked to rank each other in terms of perceived effectiveness as counselors.

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[1] See Chapter II, this Section.

[2] By now we had tested a large enough total group to be able to compile a cumulative frequency score distribution. For this approximation of "norms" the reader is referred to Appendix J.

Results

If, as earlier chapters of this Section suggest, one can expect empathy to change with counselor education or "t" group experiences (See Chapter III) then the empathy scores obtained should have gained significantly during training. For this group of counselors-in-training, the mean growth score was +3.60, significant at the .01 level.

Without the use of any other measure, the Affective Sensitivity Scale offers promise of being a predictor of counselor effectiveness. Dividing the Scale into the top and bottom thirds, the peer and staff ratings at the median, positive predictive results are obtained as shown in Table 3.23.[3]

Table 3.23 The relationship of the Affective Sensitivity Scale to peer and staff ratings

A.S.S.	Peer Ratings			Fisher Exact Probability Test	Predicted Correctly
	Above Median	Below Median	Totals		
Higher 1/3	7	3	10	not significant	73.6%
Lower 1/3	2	7	9		

A.S.S.	Staff Ratings			Fisher Exact Probability Test	Predicted Correctly
	Above Median	Below Median	Totals		
Higher 1/3	8	2	10		
Lower 1/3	1	8	9	.01	84.2%
Totals	9	10	19		

The next step was to set up multiple regression equations in order to estimate both peer and staff ratings using the many variables that were available. Variables were successively deleted from the total equation until all the remaining variables had beta weights beyond the .05 level of significance. These predictors are summarized in Table 3.24.

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[3] Unless otherwise indicated Affective Sensitivity Scores refer to scores obtained near the beginning of the year. Peer and staff ratings were obtained at the end of the year.

Table 3.24 Beta Weights and multiple correlations for the Affective Sensitivity Scale and other variables contributing to estimation of peer and staff ratings

Peer Ratings	Beta Weights*	Multiple R
Affective Sensitivity Scale	.3605	.78
NDEA Comprehensive Exam II Occupational & Educational Info.	.4566	
Strong YMCA Secretary	-.3899	
Strong President, Manufacturing Firm	-.5730	

Staff Ratings	Beta Weights*	Multiple R
Affective Sensitivity Scale	.4526	.73
NDEA Comprehensive Exam III Tests & Measurements	.4021	
Strong YMCA Secretary	-.4154	

*All significant at the .01 level.

It is apparent, then, that the measure of empathy that has been developed is related to counselor effectiveness as defined by peer and staff ratings. The Affective Sensitivity Scale has the highest loadings for staff ratings, but not for peer ratings. That it is significant against both criteria provides for a measure of replication within the single sample. Other factors which contribute to this prediction are:

1. Some previous knowledge in the area of counseling, the NDEA Comprehensive Exam, Part II, a test of occupational and educational information as in peer ratings, or the NDEA Comprehensive Exam, Part III, tests and measurements as in staff ratings,
2. The Strong YMCA Secretary Scale, for both peer and staff ratings, which is a negative predictor, i.e., a low score on this scale would be positively related to success, and

3. The Strong President, Manufacturing Firm Scale, for peer ratings, which also has a negative relationship to the criterion and the highest loading on that variable.

Table 3.25 contains the zero order intercorrelations of variables. The empathy measure has the highest correlation with both peer and staff ratings, but one can readily see that by the addition of the other variables the relationship to the ratings is considerably strengthened.

Table 3.25 Intercorrelations of variables

	Peer Rating	Staff Ratings	Pre Empathy (A.S.S.)	Post Empathy (A.S.S.)	NDEA Pretest II	NDEA Pretest III	Strong Secretary	Strong President
Peer Ratings	1.00							
Staff Ratings	.67	1.00						
Pre-Empathy (A.S.S.)	.43	.52	1.00					
Post Empathy (A.S.S)	.39	.38	.59	1.00				
NDEA Pretest II	.22	.30	.43	.53	1.00			
NDEA Pretest III	.24	.44	.25	.35	.54	1.00		
Strong YMCA Secretary	-.29	-.30	.08	-.01	.38	.19	1.00	
Strong President Mfg. firm	-.39	-.16	.15	.06	.41	.12	.19	1.00

The Affective Sensitivity Scale alone has a correlation of .43 with peer ratings and .52 with staff ratings. By the addition of the aforementioned variables to the Scale the correlation rises to .78 with peer ratings and to .73 with staff ratings.

Discussion

There have been many studies concerning prediction of counselor "success" or "effectiveness." This attempt included a measure of empathy, the Affective Sensitivity Scale. Empathy has long been discussed as a factor in successful counseling. The results appear to support this contention. Besides the empathy score gaining over the training period, it also seems to play a significant role in the prediction of counselor success, as measured by the criteria of peer and staff ratings. In previous research (Chapter II this Section) the Affective Sensitivity Scale has been shown to be a predictor of failure but not of success, i.e., a low score would predict failure, but a high score would not necessarily mean success. However, this study on a different sample had demonstrated the Scale's effectiveness as both a positive and a negative predictor.

In addition to the Affective Sensitivity Scale, the Strong YMCA Secretary Scale had negative loadings on both peer and staff ratings, the Strong President, Manufacturing Firm Scale had high negative findings with peer ratings but not with staff ratings. Some previous knowledge relating to the counseling process, subtests of the NDEA Comprehensive Exam, relate positively to both sets of ratings, even though the content differs for each of the two ratings. It is interesting to note that none of the personality measures entered into the prediction equations; besides empathy, some form of knowledge and two negative or rejecting interest patterns appear to be most relevant.

The Affective Sensitivity Scale would thus appear to offer both construct and predictive validity in relationship to effective counseling. However, the question of other contributing factors to this prediction is still unanswered. Is it possible that we search too "deeply" into the personality structure of the beginning counselor? Perhaps affective sensitivity and such simpler constructs as interest and motivation are the major ingredients. Or is it that our instruments did not adequately sample such important personality variables as hostility, openness, or interpersonal fear? Obviously, replication is needed.

Summary

Members of a year-long NDEA Institute were administered a battery of tests which included a videotaped test of empathy, the Affective Sensitivity Scale. Both peer and staff ratings were taken at the conclusion of the Institute. The empathy measure was shown to be the best predictor of counseling success of those instruments used. Adding to the empathy measure other variables--previous knowledge of content material useful to the counseling process, and two scales from the Strong Vocational Interest Blank, prediction could be increased. The Affective Sensitivity Scales seem to have potential usefulness in predicting counselor effectiveness.

CHAPTER V

DIMENSIONS OF EMPATHIC JUDGMENT OF CLIENTS BY COUNSELORS[1]

In the past 15 years, there have been repeated attempts theoretically and operationally to define the concept of empathy.[2] Most investigators agree that empathy is basically the ability to "put oneself in the other fellow's shoes" (Allport, 1954) or the ability of people to role play (Rogers, 1962). However, tests designed to measure empathy often show little agreement concerning its application or how it should be operationalized and measured.

A basic question in the operationalizing of empathy is the dimensionality of the concept. Should empathy be considered a unidimensional ability to take the other's role or can it be more usefully conceived of as multidimensional? Buchheimer and Carter (1963) asserted that empathy is a complex, multi-dimensional concept which must be analyzed in terms of its components. Hastorff and Bender (1952) concluded that empathy "seems to be a combination of sensory, imaginative, and intellectual processes."

There is, however, little agreement among researchers as to what these dimensions or components are. Buchheimer and Carter (1958) adopted tone, pace, ability to depart from standard strategy, capacity to perceive the client's frame of reference, and repertoire of leads as the principal dimensions of empathy in a clinical counseling situation.

Bronfenbrenner, Harding and Galloway (1958) concluded that empathic processes are perceived along two dimensions: interpersonal sensitivity (or an awareness of interpersonal differences) and sensitivity to the "generalized other" (or an awareness of stereotypes). Taft (1955) claimed that empathic ability consisted of (a) possessing appropriate judgmental norms, (b) judging ability and (c) motivation. Other researchers, principally Gage and Cronbach (1955) and Smith (1966) identified various components or dimensions of empathy such as stereotype accuracy, observational accuracy, etc.

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[1] The studies reported in this and the next Chapter were the work of Bradley S. Greenberg and John Bowes of the Department of Communication, as part of the overall IPR Project. Their effort on the project brought us fresh perspectives for which we are most grateful.

[2] An extensive compilation of the literature on empathy can be found in Appendix F . Certain studies are especially relevant to the study reported in this Chapter and so are briefly reviewed here.

In this proliferation of empathy components, it is rather difficult to distinguish whether the author of a given study attempted to tap multi-dimensional empathic ability with several measures or used several measures to tap a unitary dimension. More often it appears that the experimenter failed to recognize that distinction. For example, Kerr and Speroff (1954) assessed empathy with a three-part test. In Part A, the subjects ranked preference for 14 music types as they thought a factory worker would, Part B asked the subjects to rank preference for a selection of magazines according to what they thought to be national tastes, and Part C asked the subjects to rank petty annoyances as they felt someone 25-39 years old would rank them. These tests attempted to measure three separate bases of empathy--the common language of mankind, the general interests and aspirations of "The Citizens," and interpersonal relationships, respectively. Normative comparison data were obtained from trade and social science groups. Whether or not the authors examined three separate dimensions of empathy is questionable; it is probable that they assessed a unitary dimension of social stereotypes.

Recognizing such ambiguity, we attempted in the present study to isolate possible independent factors or dimensions of empathic judgment. In this and in our other studies of empathy, our concern is more with those connotative characteristics or "feelings" with which one tries to be empathic then with such denotative characteristics of counseling as strategy, pace, etc.

Past empathy test development has been of two types--situational and predictive. In the typical predictive test, the emphasis is on the judge's (or empathizer's) ability to predict how the object of empathy will respond on various personality or behavioral measures, as in the Kerr & Speroff measure; in the situational test, a realistic interviewing situation (between, for example, a counselor and his client) is simulated, and empathizers are scored on their ability to share or recognize the same perceptual field. Astin (1957) correlated the scores of a group of judges on both situational and predictive instruments and found an insignificant relationship between the two measures.

Predictive measures generally follow the form of the Dymond's (1949) test approach: one person attempts to empathize with another and to guess the other person's responses to Allport-Lindsey values, for example. Hastorff and Bender (1953), Norman and Leiding (1956) and Cowden (1955) contended that the Dymond test results were confounded by "projection" or the attribution to others of one's own needs, interests, and attitudes. Hastorff et. al. (Hebart and Fahlberg, 1961) raised other objections concerning biases introduced through the paper and pencil instrument. Hobart and Fahlberg (1961) proposed a measure free of these biases, but did not implement this measure. Borgatta (1960) suggested a "self image" bias in operation and Lindgrin and Robinson (1953) found the reliability and validity of the Dymond test too low.

There are relatively few examples of the more recently developed situational test approach. The basic methodology follows that of O'Hern (1964) who recorded 30 different client problems on to audio tape, using actors for "clients" or empathy stimuli. Judges (empathizers) were selected for three degrees of expertness in counseling (expert, trainee, and novice). A panel of clinicians then rated the correctness of the judges' responses to each of the 30 scenes. With these data, O'Hern identified those items which best discriminated empathic skill as defined by training and experience. Unfortunately, the test showed no significant correlation between the class grades and a judge's evaluation when presented to 212 counseling students. Astin (1957), Kelly and Friska (1951) and Stefflre (1962) all used basically the same approach in an attempt to avoid the pitfalls of the Dymond method.

Rank (1964) explored the relationship between counseling trainee experience and filmed scenes of counseling protocol. Trainees rated statements concerning each filmed scene from strong agreement to strong disagreement. This test administered before an intensive training session, showed a significant correlation ($\underline{r}$ = .41) with judge's ratings of trainee competence after the training session. The film consisted of relatively few scenes, clients, and client problems, a factor limiting the test's generality.

The Affective Sensitivity Scale (See previous chapters, this Section.) provides a narrower conception of empathy, and it is probably best to consider affective sensitivity as one, albeit a critical, component of empathic judgments. The instrument might be criticized in that:

1. The scenes were not systematically arranged along a continuum of difficulty.
2. Neither the scenes, the multiple choice nor the adjective rating items allowed the judge to indicate the degree of difficulty encountered in analyzing a given scene (regardless of whether he answered the item correctly or not).

The principal virtues of this situational approach are:

1. It avoids the semantic trap of defining "empathy" by using a more restricted and presumably more easily operationalized concept of affective sensitivity.
2. It uses actual counseling protocols as a stimulus rather than actors (who may make more obvious the cues indicative of the client's feelings, etc.).
3. Since the stimulus scenes were videotaped and also transferred to film the stimulus is constant for all subjects taking the instrument. In the predictive test approach, where two subjects rate each other, the constancy and control of the situation is minimal.

4. Client problems are viewed ranging from selection of school courses to marital disharmony, within a subject age range of 15-40.

5. The filmed scenes provide many more cues (hence, a more realistic situation) than do situational tests using only audio tapes, written protocols, and still photos for empathic stimuli.
6. Significant correlations with selected criterion measures suggest some practical uses for the procedure.

Recognizing the above advantages, the present study explored the dimensions of empathy through an adaptation of the affective sensitivity scale. The basic method used was the presentation of (a) a sequence of scenes of graduated difficulty level and (b) a series of semantic differential scales to tap dimensions of empathy. In this manner, the project was designed to isolate the major dimensions of a client's feelings through which the counselor attempts to gain insight or empathy.

Method

Overview

Thirty-one clinicians with an average of six years of professional experience observed 11 client-counselor vignettes on a specially constructed film. They were asked what they thought the client's feelings were on a set of 26 adjective-opposite scales.

The Empathy Film

The technically best scenes were selected from the affective sensitivity test film (kinescope) and were rated according to how difficult it was for a panel of clinical psychologists to determine the client's affective state by means of a seven-point scale. Average difficulty level and dispersion of agreement on difficulty for each scene were calculated. From this pool, the 12 scenes were selected which represented the widest range of difficulty levels with the highest inter-judge agreement on each of those levels. With a possible range of -3 to +3, items selected ranged from -1.66 to +2.33 in difficulty. These data are in Table 3.26.

An additional criterion was to select a set of scenes which together depicted a wide variety of emotions. Balancing the three main criteria of difficulty level, agreement, and emotional variety, a film of one practice and 11 test scenes was produced. Except in cases where scenes with the same counselor and client appear in succession, the scenes were spliced in random order. The scene order in Table 3.26 corresponds to the film sequence.

Before the test scenes, a practice scene was administered to allow the subjects to become familiar with the testing procedure.

Table 3.26 Perceived difficulty level and sex of client

Scene	Mean Difficulty Rating	Dispersion	Sex of Client
Practice Scene	+0.66	10.61	F
1	+2.00	0.0	M
2	0.00	6.0	F
3	+1.33	2.64	F
4	-1.33	2.64	F
5 (least difficult)	+2.33	0.65	F
6	-1.33	8.62	M
7	+1.66	0.65	M
8 (most difficult)	-1.66	0.65	F
9	-1.00	6.0	M
10	+1.00	0.00	M
11	-0.33	0.43	M

Subjects

Subjects consisted of a volunteer sample of 31 experienced counselors, most of whom were counseling or clinical psychologists drawn from several Michigan universities and public service organizations.

Virtually all the respondents held master's degrees, with more than half possessing a Ph.D. Of the M.A.'s and Ph.D.'s nine degrees were in psychology, 17 in counseling, and one was in education.

Instrument

In response to each of the filmed protocols, the respondents performed three tasks:

First, they selected the "correct" alternative to each of two-three multiple choice response items administered for each scene. These items were derived from earlier work using the "Affective Sensitivity Scale" and had been found to discriminate between skilled and less skilled counselors.

A sample item was:

Item 3

1. The client is feeling aggressive toward the counselor.
2. The client is putting on an act, he thinks he'd better come up with a line.
3. The client is reacting and feeling defensive with the counselor.

Second, they rated the degree of difficulty experienced in answering the several multiple choice items for each scene. This rating was on a seven point scale ranging from "very difficult to judge" to "very easy to judge."

Finally, but of central concern to the question of isolating dimensions of empathic judgments, were the counselor responses to a set of 26 bi-polar adjective scales given after each scene. The semantic differential technique (Osgood, Suci, and Tannenbaum, 1957) was used as a format for these scales. Here the counselors indicated whether they perceived that a client had a particular feeling (e.g., very, quite, or slightly aggressive; very, quite, or slightly defensive).

In developing the adjective attributes to be used, we followed certain guidelines:

1. The scales were to be generally descriptive of emotional or connotative qualities rather than physical ones. Scales like "defensive-aggressive" were preferred to such as "dirty-clean."
2. The quality of each adjective scale to be interpreted and have like meaning across the range of counselors was considered. Some scales were considered to be too vague, (e.g., "artistic-inartistic") and were eliminated.
3. All relevant research was screened to determine listings of descriptors (adjectives) which seemed to have common elements. A given scale was then included or not depending on the frequency of its inclusion in previous studies of similar phenomena. A brief review of these sources is necessary to better justify the scale selection procedure.

A first source of adjective attributes were scales derived from the Affective Sensitivity Scale described in Chapter I of this Section. For the present study, each of the adjectives used in the original scale was assigned its antonym and its frequency of usage across filmed scenes was determined.

A second primary source of scales was elicited from an expert panel's clinical analysis of each client in the 12 scenes. Major descriptive adjectives used in these summaries were recorded, assigned antonyms, and converted into adjective-opposite scales. This procedure yielded another 41 scales. Like the scales used in the original affective sensitivity film, these too varied in choice and number given to different clients. For example, "defensive-aggressive," "candid-repressed," and "dependent-independent" were adjective scales characterizing one client; scales such as "embarrassed-poised," "truthful-evasive," "secure-insecure," and "tense-relaxed" characterized a second.

Several other studies, primarily those by Osgood and his associates (1957), contributed additional scales. Their work defined three basic dimensions of judgment used by individuals to indicate their personal "meaning" for a variety of topics, persons, situations, and concepts in general. In particular their analysis of the changing personality dimensions of the multiple personality patient "Eve" yielded 10 scales. Adjective scales such as valuable-worthless, clean-dirty, and tasty-distasteful were highly interrelated and formed an evaluative dimension; scales like fast-slow, active-passive, and tense-relaxed suggested an activity dimension; and scales like large-small, deep-shallow described a potency dimension.

Suci (1952), in an investigation of high versus low ethnocentric personalities, drew adjective scales from a 1946 personality inventory by Cattell and a study of social stereotypes by Stagner and Osgood (1946). Suci's study identified an evaluative factor formed largely of scales like friendly-unfriendly, sociable-unsociable, honest-dishonest, and trusting-suspicious; a potency factor of scales like childish-mature, calm-excitable, weak-strong; and an activity factor of scales like quick-slow and intelligent-stupid.

Adjective scales were also taken from a "Person Perception Empathy Test" developed by Thoresen (1967). He used adjective scales very similar to the Osgood set to determine the judgmental dimensions of counselors in the analysis of clients. At the time of this writing, no factor analysis of that data was available.

After compiling a master list of 105 scales from these several studies, less those deleted by the above criteria, we collapsed the listing into 26 scales, with (a) each scale having maximum logical independence from all others; (b) the total set of selected scales adequately covering all major descriptive dimensions considered to be relevant to any particular scene; and (c) scales used across several prior studies given preference.

Ideally, the entire master list of scales would have been used in this study, and that list rated by each counselor for each scene. The reduction of the list then could have been accomplished by empirical, rather than judgmental means. The impracticality of such a task is apparent. However, the selection of all scales used was based on previous work so that the final set of 26 descriptors subsumed (theoretically, at least) the bulk of those likely to be isolated in the above manner. For example, the final choice of honest-dishonest as a scale subsumed candid-repressed; truthful-evasive; sincere-insincere; forced-voluntary; trapped-free, talkative; and reluctant-willing.[3]

Procedure

The instrument was administered individually and to small groups of clinicians in a one-month testing period.[4] The test was usually conducted in their offices. After each respondent read the instructions and procedural questions were answered, the practice scene was shown. Next, time was given to allow completion of the adjective scales, multiple response items, and the difficulty rating scale. Subjects had no difficulty using the instrument. Each test scene was then shown and immediately repeated. After each duplicate showing of a single scene, the projector was stopped and time was allowed for scale completion. Total test administration time averaged one hour.

Results

The basic data for analysis consisted of the responses of 31 experienced clinicians to the 11 film scenes of client-counselor interactions. For each scene, the analyst rated the client's feelings on a set of 26 adjective-opposite, seven-point scales. This situation yielded 8,866 bits of information (31 x 11 x 26) for processing. The analysis scheme for the present report was to intercorrelate the 26 adjective pairs, collapsing across the dimensions of clinicians and scenes. The resultant 26 x 26 correlation matrix was factor analyzed and these independent factors of judgment are the basis of this discussion.[5]

The factor analysis grouped the adjective scales which were most highly related one to the other and least related to scales which grouped in some other cluster. It is imperative to recognize that each grouping of scales is independent of any other grouping. That is, the use of a particular group of adjectives by clinicans to describe client feelings is virtually unrelated to their use of any of the other groupings so derived. Within a cluster, however, the clinicians would be using the scales relatively interchangeably.

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[3] The master list of scales and their groupings is in Appendix

[4] The complete test instrument will be furnished on request.

[5] The intercorrelation matrix is in the Appendix accommpanying Chapter 5.

Furthermore, for any factor to emerge, it would have to exist as a judgmental reference frame for the analysts across the variety of client problems in the filmed stimulus materials. Factors could not emerge if they were appropriate to only a handful of the scenes viewed.

The most parsimonious outcome of such analysis would be the derivation of a relatively small set of adjective groupings which accounted for a large proportion of the total variation in judgments made by the different clinicians for the given variety of scenes. Such an analysis tests the proposition that the empathic judgments of client feelings by expert clinicians[6] is a function, not of 26 independent client characteristics, but of a more finite set of judgments by clinicians, or at least by those 31 studies here.

Factor Analysis Results

The results of two factor-analytic solutions will be presented--a three-factor solution and a four-factor solution. Although the former is the more parsimonious, the latter is of added intrinsic and theoretical interest.[7]

Three Factor Solution.--The set of 26 scales collapsed into three distinct, interpretable groupings of scales. Together, these three factors accounted for 50 percent of the total variation in judgments of the clients by the clinicians. This means that one-half of the total client assessment could be explained in terms of the clusters of scales.

The particular label given to a factor comes from searching for a communality which seems to characterize the separate scales making up the factor. The first cluster of scales has been labeled a dependency factor and was the largest of the factors derived, accounting for 21 percent of the variation of clinical ratings.

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[6] For training purposes then, it might be useful to determine the dimensions of judgment brought to the training situation by untrained or would-be clinicians, and to compare such judgments with those used by experts. This is done in Chapter VI of this Section.

[7] The complete factor matrix for both solutions is in the Appendix that accompanies Chapter 5.

The scales with their highest loadings on this factor were:

Dependency Factor

Scales	Loading
weak-strong	.8065
frightened-confident	.7739
dependent-independent	.7005
sad-happy	.6777
childish-mature	.6299
embarrassed-poised	.6124
tense-relaxed	.5852
dangerous-safe	.5374
passive-active	.5273
confused-clear	.5299
unpleasant-pleasant	.5209
defensive-aggressive	.4793
slow-fast	.4526

This set of scales was one dimension used by the clinicians to assess different clients with differing clinical problems. Judgments of the client's strength (or weakness, if the opposite pole of a given scale is considered) were related to judgments of the client's confidence, independence, maturity, activity, clarity, and so on through the list of client descriptors.

Since this dimension accounts for the largest proportion (21%) of clinical ratings, it is perhaps dominant in the clinician's attempt to empathize with his client. Therefore, in evaluating any client, regardless of his idiosyncratic behavior and background, the typical clinician used a standard of judgment that relies strongly on the client's dependency characteristics.

The second cluster of scales used conjointly by the respondents in this experiment has been labeled an anger or hostility factor.

This is also a substantial factor, accounting for 15 percent of the variation in individual counselor judgments. Further, the intuitive communality among the six scales loading most highly on this factor is even purer than for the first factor described. Below are the scales and their factor loadings on the anger factor:

Anger/Hostility Factor

Scales	Loading
resentful-appraciative	.8078
abused-complimented	.7372
hostile-friendly	.7085
impatient-patient	.6880
rejected-accepted	.6376
dissatisfied-satisfied	.5597

This is a second criterion used by clinicians in this study to assess the problems of their clients. If such a client was rated by the clinician as feeling resentful, there was a greater than chance probability that the same client was also rated as feeling abused, hostile, and rejected. With the same logic, if the client was judged to be appreciative, the bi-polarity of the scales meant that the same client was likely to be judged as feeling patient, satisfied, etc.

This second dimension of empathic response was statistically independent of the first isolated dimension, that of dependency. The data show these to be separate criteria used by the analyst in empathizing with the feelings of clients. These two dimensions of judgment encompass 19 of the 26 client characteristics used--far fewer distinctions are made by the clinician than might have been expected.

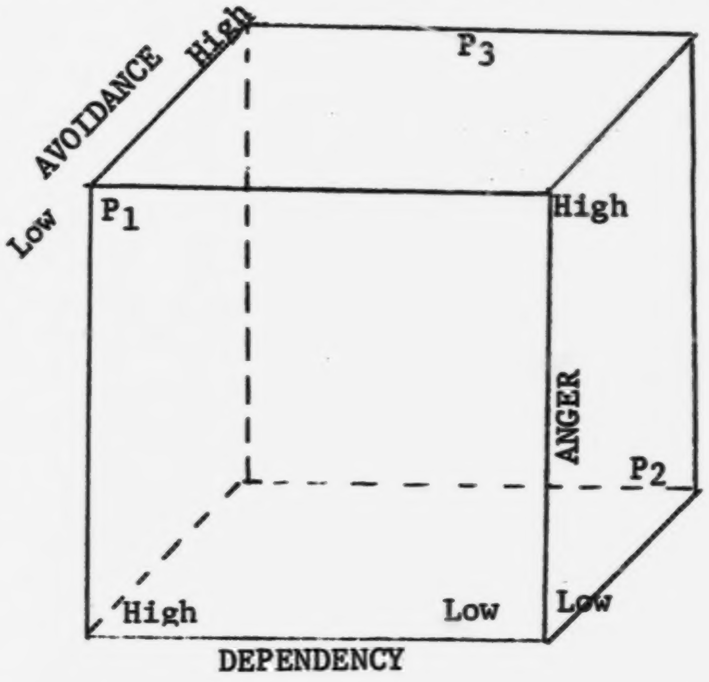
The third dimension of judgment isolated in the present analysis was named an avoidance factor. The seven scales highly loaded on this factor account for 14 percent of the variance, making it comparable in magnitude to the anger factor. Here again, the nature of the attributes yields some additional closure in identifying empathic-feeling categories:

Avoidance Factor

Scales	Loading
avoid-approach	.7579
shallow-deep	.7188
dishonest-honest	.7102
reserved-frank	.6790
cool-warm	.6034
rigid-flexible	.4826
bored-surprised	.3610

Some clients are perceived by the analyst as wanting to shut out or close off the clinical interview. They are seen to feel reserved, cool, avoiding, etc. Other clients were perceived as welcoming the counselor's aid. This study could not explore the probable causes for such differences, but it does establish a third criterion--that of the observed degree of avoidance reaction of the client to the interview situation.

The three independent factors--dependency, anger, and avoidance--together account for 50 percent of the judgments used by clinicians in attempting to be empathic with their patience. Figure 1 is a three dimensional representation of this judgmental system.



The box depicts the three components of empathic judgment we have isolated. It also characterizes their independence through the location of specific persons or clients (P_1, P_2, P_3) in the three-dimensional space. P_1, for example, is a client who has been identified as high in dependency attributes, equally high in anger characteristics, and low in avoidance. In contract, P_2 is an individual who has been rated exactly opposite on all three characteristics. In further contract, P_3 has been typified as moderately low in dependency, high in hostility, and moderately high in avoidance. Each dimension is a continuum on which clients may vary in degree of dependency, etc. The clinician used all three attributes in coming to a decision about a particular client, but knowledge of how he assessed a client on one of the attributes may well be unrelated, or even negatively related to his assessment of any of the other dimensions.

Four Factor Solution.--The three factor solution just described met the criterion established for this study: that criterion required that no factor have less than three scales loading principally on a given factor. However, there are two purposes in going beyond that solution to a four factor solution:

1. To determine whether the additional factor or factors which may be isolated add significantly to the amount of variation accounted for by the counselor's ratings.
2. To determine if any of the earlier factors sub-divided into more precise or sensitive components, e.g., were any of the three factors too general or were they more easily interpreted if broken into empirically derived subsets?

Examination of the four-factor solution indicated that additional variance could be accounted for, and that the fourth factor was derived almost entirely from a subset of the scales which constituted the first factor, dependency, in the three factor solution.

In this analysis, the first factor has again been named the dependency factor. It accounted for 16 percent of the total variation in judgments and was best defined by the following eight scales:

Dependency Factor

Scales	Loading
weak-strong	.7113
dependent-independent	.6998
frightened-confident	.6616

Dependency Factor (cont.)

Scale	Loading
slow-fast	.6483
sad-happy	.6480
passive-active	.5461
childish-mature	.5386
confused-clear	.5138

All eight had loaded on the earlier dependency factor. Those additional scales loading on the dependency factor in the three-factor solution comprise what we shall describe as the fourth factor in this analysis. It appears that these eight scales better represent a situation of dependency than it did when cluttered with the now absent attributes of embarrassment, tension, safety, etc. In addition, by accounting for 16 percent of the variation in judgment, this factor is now reduced in equivalence to the factors of anger (15%) and avoidance (14%), which returned unchanged in this secondary analysis.

The composition of these latter two factors was as follows:

Anger Factor

Scales	Loading
resentful-appreciative	.8101
abused-complimented	.7398
hostile-friendly	.7113
rejected-accepted	.6915
dissatisfied-satisfied	.6433
impatient-patient	.5599

Avoidance Factor

Scales	Loading
avoid-approach	.7584
shallow-deep	.7198
dishonest-honest	.7043
reserved-frank	.6894
cool-warm	.6093
rigid-flexible	.5007
defensive-aggressive	.4947

The interpretation of each of these factors as given earlier is maintained. The fourth factor gives insight into the process by which counselors attempt to gain empathy with their clients. We have tentatively labeled this fourth factor, an apprehension factor. Essentially, it seems to provide an additional dimension for describing how the client is feeling in the interview. The factor accounted for an additional 10 percent of the variation in judgment, and was as follows:

Apprehension Factor

Scales	Loading
embarrassed-poised	.6480
tense-relaxed	.6318
dangerous-safe	.4969
unpleasant-pleasant	.4842
surprised-bored	.4327

Other labels might be given to this set of scales. We considered the label hurt indicating that the embarrassment, the perceived unpleasantness, etc. of the interview could be the client's reaction to the clinical treatment. This fourth factor then becomes a means of isolating another component of judgment used across a number of quite different clinical situations by the clinician in assessing a variety of types of patients.

Should one find this four-factor solution more heuristic than the three factor solution, it may well be necessary to expand the paradigm in Figure 1 to a four-dimensional scheme. We shall not attempt to draw one! It appears that the trained clinician with several years of experience makes his empathic attempts with a finite set of standards--three, or perhaps four at most. As constituted, the set of 26 characteristics tapped the universe of client attributes from a variety of theoretical approaches. These longer lists of characteristics reduced themselves to a meaningful, more manageable, and more parsimonious set of criteria. Within these limits, it appears that the clinician's initial assessment of a client is dependent to a major extent (for 55% of the total judgmental variation) on his assessment of the client's dependency, avoidance, anger, and apprehension about the clinical interview. The remainder of the clinician's assessment comes from his differences from other clinicians or clinicians of different theoretical sub-groups not determined in the present study.

Discussion

The limits of this study are apparent. Despite our attempts to sample client attributes from the universe of theoretical writings, to sample situations from available protocols, and to gain a diversified group of clinicians, the data were derived from a limited number of counselors responding to a limited number of client situations on a limited number of client attributes. There, nevertheless, seems to be a substantial degree of theoretical closure resulting from the isolation of the three or four judgmental dimensions of empathic response. More than one-half the variance in individual counselor judgment was accounted for by a small number of judgmental parameters--a better than average mark for studies using such an analytic framework.

Before speculating further as to the significance of these factors, we may reflect on what comprises the remaining 50 percent of empathy judgments. Two alternatives seem most plausible:

1. The remainder of variation in any counselor's attempt to gain empathy is subject to unique inter-counselor differences, individual strategies, training, and response to specific client features. Certainly, it is to be expected that some segment of the counselor's assessment will be attributed to his own individual qualities and those of the client. Judges were chosen for this study only on the basis of their expertise and according to educational achievement; no attempt was made to identify their theoretical orientation or to type them on any other basis, both of which might contribute to the evolution of additional factors.
2. Some portion of the remaining variation may be attributed to other factors or dimensions of judgment which could not be tapped using the present set of adjective scales.

One cannot hope to accommodate 100 percent of the variation of any set of judgments within a single schema. It is worth considering some additional qualities of the client not assessed here. For example, we observed some indecision on the part of the counselors in this study as to whether the feeling they were attempting to isolate was that of the client toward himself or toward the counselor. Did anger emerge as a central characteristic on the basis of client responses to the counselor, or rather on the basis of a feeling of negative self-evaluation? Refinement or further specification of the object of judgment might clarify such potential confounding. In addition, the fourth factor extracted, tentatively labeled apprehension, appears to be somewhat more of a situational characteristic. It might be deliberately extended to include added characteristics of the interview situation, e.g., the interview is open-closed, structured-unstructured, or of comfortable-uncomfortable nature.

It also may be necessary to study a component of interpersonal perceptions deliberately omitted from the set of characteristics developed here. This would be the counselor's personal evaluation of the client, his liking or disliking, the perceived value of the interaction, the importance of the individual, etc. It was our _a priori_ decision that the counselor's own feelings about the client were not part of the judgmental situation, but perhaps this decision was naive, or at least premature.

It may also be recalled that we examined descriptors which were presumably subsumed within the set used. It is possible that using 26 from a much larger listing led to errors of omission. For example, do any of the identified dimensions adequately encompass such attributes as masculinity, intelligence or ability, health, hopefulness, and complexity, to name several that we find open to question? These suggestions are offered in the hope that extensions of the present work may lead to an even more comprehensive outline of empathic judgment and to further refinement.

Though there are some needs and requirements for further study, the present status of our empirical findings make good "clinical sense." The four factor dimensions can be directly related to two basic questions which recur constantly in case conferences and diagnostic analysis:

1. What feelings does the client have in the clinical interview?
2. What is the client's basic mode of behavior in the clinical situation?

Such questions reflect the clinician's attempt to depict the client's typical interpersonal behavior or "behavioral posture." He does this by then generalizing from what he observes occurring in the exchange between the client and himself.

Translating this concern with interpersonal postures into the terms of this study suggests certain questions. Is the client _dependent_ or is he confident? Does he _avoid_ others or reach out for them? Is the client _angry_ or satisfied; is he _apprehensive_ or relaxed?

That the above four dimensions account for better than 50 percent of the variation in clinical judgment may, however, be indicative of more than productive future research. Were our findings to be replicated over time, over clients, and over counselors, current counseling and psychology education curricula might be profitably reappraised.

APPENDIX TO ACCOMPANY CHAPTER V

The test instrument (in addition to the film) consisted of two booklets; the first containing instructions and items for a practice scene and test scenes 1-5, and the second containing items for scenes 6-11. At the end of booklet two was a "facesheet" which asked the subject's educational status, whether he could see and hear the film clearly, and whether he had comments to make on the test instrument. The instrument is not reprinted in this report but will be furnished on request

FINAL (REPRESENTATIVE) SCALE:	SUBSUMED SCALE:	
1. defensive-aggressive	bold-timid	
2. honest-dishonest	candid-repressed truthful-evasive sincere-insincere	trapped-free talkative-reticent reluctant-willing forced-voluntary
3. dependent-independent	self-assertive-submissive	
4. hostile-friendly	angry-calm obstructive-cooperative bitter-agreeable approving-disapproving angry-friendly	supportive-angry sociable-unsociable lonely-gregarious
5. frightened-confident	fearful-hopeful courageous cowardly anxious-reassured optimistic-pessimistic hopeless-inspired	worried-calm anxious-calm hopeful-discouraged discouraged-encouraged
6. weak-strong	mild-intense refreshed-tired	tired-energetic helpless-controlling
7. rejected-accepted	included-excluded appreciated-scorned	valuable-worthless
8. tense-relaxed	upset-calm calm-excitable	excited-relaxed relieved-burdened
9. happy-sad	happy-unhappy annoyed-pleased	amused-saddened depressed-elated
10. embarrassed-poised	embarrassed-smug	
11. satisfied-dissatisfied	frustrated-gratified	deprived-satiated
12. deep-shallow	profound-superficial	
13. active-passive	static-dynamic	
14. warm-cool	passionate-frigid	

	FINAL (REPRESENTATIVE) SCALE:	SUBSUMED SCALES:
15.	slow-fast	(none)
16.	impatient-patient	(none)
17.	approaching-avoiding	disgusted-attracted
18.	surprised-bored	enthusiastic-bored
19.	mature-childish	infantile-mature reasonable-irrational controlled-uncontrolled
20.	dangerous-safe	cautious-careless
21.	unpleasant-pleasant	(none)
22.	flexible-rigid	stubborn-yielding dynamic-rigid adaptable-inflexible
23.	complimented-abused	(none)
24.	resentful-appreciative	(none)
25.	reserved-frank	open-closed
26.	confused-clear	perplexed-understanding erratic-constant ambivalent - decisive baffled-certain complex-simple determined-uncertain transparent-opaque positive-uncertain

Intercorrelation matrix of 26 adjective scales rated by the 'expert' sample. (N=31). The matrix represents the intercorrelation of the scales for all scenes (N=11). This situation yields 8,866 bits of information (31x11x26) for processing.

SCALE:	1	2	3	4	5	6
1	1.0000					
2	-0.3385	1.0000				
3	0.2288	0.0025	1.0000			
4	0.1299	-0.3365	0.0647	1.0000		
5	-0.3348	0.0921	-0.5135	-0.2144	1.0000	
6	0.3453	0.0035	0.5616	0.1057	-0.6864	1.0000
7	0.1353	-0.1376	0.2377	0.4621	-0.3935	0.3445
8	0.3214	-0.1169	0.2555	0.2092	-0.4323	0.4188
9	-0.1609	-0.1218	-0.4633	-0.1188	0.5428	-0.5339
10	0.4060	-0.1686	0.2929	0.1033	-0.0342	0.4227
11	-0.1058	0.1504	-0.2337	-0.4051	0.3897	-0.3294
12	-0.2284	0.3734	0.0565	-0.1598	-0.4056	0.0896
13	0.2630	-0.1103	0.3198	0.0919	-0.3460	0.3728
14	-0.2550	0.3238	0.0151	-0.2788	0.2088	-0.1045
15	0.1735	0.0018	0.2788	-0.0484	-0.2498	0.3040
16	-0.0179	-0.1885	-0.0597	0.3480	-0.0750	0.0710
17	-0.4084	0.5136	-0.0044	-0.3441	0.1516	-0.0979
18	0.0750	-0.1828	-0.0539	0.2510	-0.0365	-0.0248
19	-0.3078	0.2401	-0.4161	-0.1930	0.4647	-0.4866
20	0.3032	-0.2618	0.2671	0.2582	-0.4798	0.3669
21	0.1822	-0.0798	0.2785	0.2858	-0.4508	0.3996
22	-0.2110	0.3173	-0.2038	-0.2651	0.3252	-0.2807
23	-0.1060	0.1732	-0.2037	-0.4897	0.2667	-0.2029
24	0.0994	-0.2481	0.0631	0.5593	-0.2327	0.1669
25	0.4042	-0.5110	0.0998	0.2620	-0.2562	0.1427
26	-0.2980	0.2487	-0.3469	-0.3091	0.5080	-0.4007

SCALE:	7	8	9	10	11	12
1						
2						
3						
4						
5						
6						
7	1.0000					
8	0.3030	1.0000				
9	-0.0452	-0.4188	1.0000			
10	0.2492	0.5433	-0.3389	1.0000		
11	-0.5584	-0.2679	0.4837	-0.2186	1.0000	
12	0.0128	0.0167	-0.2271	-0.1059	0.1089	1.0000
13	0.2280	0.2351	-0.3024	0.3090	-0.2901	-0.1574
14	-0.2028	-0.1466	0.1199	-0.1993	0.2728	0.3554
15	01813	0.1637	-0.2686	0.1348	- 0.1866	-0.1493
16	0.2810	0.1837	-0.1438	0.1635	-0.3664	-0.0625
17	-0.1949	-0.1895	-0.0032	-0.2377	0.1981	0.4229
18	0.1498	-0.0337	-0.0640	-0.0279	-0.1587	-0.2477
19	-0.2848	-0.3189	0.4127	-0.4180	0.3568	0.1098
20	0.3454	0.4048	-0.3836	0.3767	-0.3789	-0.1098
21	0.3212	0.4048	-0.5073	0.3825	-0.3658	0.1404
22	-0.2403	-0.3070	0.2387	-0.2772	0.3837	0.2771
23	-0.5354	-0.2681	0.3177	-0.2315	0.4217	0.0026
24	0.5570	0.2157	-0.2573	0.2297	-0.4623	-0.0743
25	0.2161	0.2347	-0.0857	0.2868	-0.2158	-0.3402
26	-0.3469	-0.3593	0.3687	-0.3151	0.4993	0.1249

SCALE:	13	14	15	16	17	18
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1.0000					
14	-0.2767	1.0000				
15	0.3504	-0.1744	1.0000			
16	0.1064	-0.2308	0.0420	1.0000		
17	-0.2922	0.4848	-0.0685	-0.2712	1.0000	
18	0.0642	-0.3161	0.0650	0.0471	-0.2328	1.0000
19	-0.3313	0.2380	-0.2375	-0.2119	0.2625	-0.0967
20	0.2904	-0.3168	0.2137	0.2563	-0.3294	0.0157
21	0.2890	-0.2013	0.1162	0.3056	-0.1931	0.0602
22	-0.2983	0.4338	-0.2279	-0.3068	0.4207	-0.2428
23	-0.1982	0.2480	-0.1324	-0.2778	0.2549	-0.1711
24	0.2150	- 0.2772	0.0521	0.3787	-0.2486	0.2461
25	0.3821	-0.3764	0.2061	0.1578	-0.5264	0.1657
26	-0.3196	0.2688	-0.2730	-0.1764	0.2535	-0.1596

SCALE:	19	20	21	22	23	24
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19	1.0000					
20	-0.3599	1.0000				
21	-0.3952	0.5377	1.0000			
22	0.5056	-0.3715	-0.3376	1.0000		
23	0.2176	-0.3032	-0.3817	0.2509	1.0000	
24	-0.1691	0.2922	0.4052	-0.2286	-0.6660	1.0000
25	-0.2537	0.3296	0.1944	-0.3884	-0.2024	0.2651
26	0.3868	-0.3883	-0.3557	0.4320	0.3784	-0.3360

SCALE:	25	26	ADJECTIVE SCALES BY NUMBER	#
1			defensive-aggressive	1
2			honest-dishonest	2
3			dependent-independent	3
4			hostile-friendly	4
5			confident-frightened	5
6			weak-strong	6
7			rejected-accepted	7
8			tense-relaxed	8
9			happy-sad	9
10			embarrassed-poised	10
11			satisfied-dissatisfied	11
12			deep-shallow	12
13			passive-active	13
14			warm-cool	14
15			slow-fast	15
16			impatient-patient	16
17			approach-avoid	17
18			bored-surprised	18
19			mature-childish	19
20			dangerous-safe	20
21			unpleasant-pleasant	21
22			flexible-rigid	22
23			complimented-abused	23
24			resentful-appreciative	24
25	1.0000		reserved-frank	25
26	-0.3565	1.0000	clear-confused	26

FACTOR LOADING MATRIX: EXPERT SUBJECTS (N=31)

The following is a factor loading matrix of the 26 adjective scales used in this study. This matrix summarizes all scenes.

SCALE:	1	2	3	4	5	6
1	0.4741	-0.0984	0.4822	0.2269	0.3481	-0.0094
2	-0.3855	0.5906	-0.1852	-0.2171	-0.1573	0.1272
3	0.4672	0.4952	0.2098	-0.1916	0.2112	-0.1318
4	0.5053	-0.3497	-0.4528	0.0675	0.2228	-0.1378
5	-0.6915	-0.3788	-0.1403	0.0237	-0.1273	0.1618
6	0.6162	0.5004	0.1932	-0.0526	0.0919	-0.1059
7	0.6192	0.0553	-0.4346	-0.1121	0.2182	0.1036
8	0.5787	0.2307	0.0802	0.3767	-0.0062	0.0445
9	-0.5942	-0.5271	0.1389	0.1252	0.0763	0.0416
10	0.5795	0.1666	0.2421	0.3811	0.0307	0.0576
11	-0.6467	-0.0194	0.3465	0.2130	0.1036	0.0805
12	-0.1932	0.6054	-0.3496	0.2306	-0.0370	0.0097
13	0.5276	0.0568	0.2796	-0.2187	-0.0461	0.4433
14	-0.4900	0.4516	-0.1058	0.1497	0.2122	-0.0192
15	0.3556	0.1554	0.2713	-0.5101	-0.1147	0.4479
16	0.3902	-0.2257	-0.3744	0.1909	-0.5168	0.1212
17	-0.5058	0.5741	-0.2181	-0.1442	0.0196	-0.0388
18	0.2249	-0.3931	-0.1055	-0.4493	0.0816	-0.3693
19	-0.6387	-0.1403	-0.2127	0.0400	0.2106	0.3159
20	0.6608	0.0727	0.0280	0.2485	-0.1724	0.0754
21	0.6338	0.2304	-0.1922	0.2398	-0.2287	-0.0122
22	-0.6223	0.2184	-0.1454	0.1292	0.4030	0.2410
23	-0.5785	0.0812	0.4941	0.0352	-0.2440	-0.1712
24	0.5719	-0.2155	-0.5573	0.0102	0.2055	0.1732
25	0.5364	-0.4159	0.3049	0.0646	0.1161	0.2162
26	-0.6785	-0.0376	-0.0262	0.1568	-0.0880	0.1088

SCALE:	7	8	9	10	11	12
1	0.1130	-0.0412	-0.0686	-0.1945	0.2089	0.1116
2	0.2560	-0.1760	0.0501	-0.1086	-0.1635	-0.1076
3	-0.2360	0.1235	0.2228	0.0568	0.0669	-0.1739
4	-0.1229	0.0240	0.0622	-0.0404	0.0208	-0.1044
5	0.0056	-0.0763	0.0916	0.1499	0.1408	0.0823
6	-0.0421	-0.0163	0.0992	-0.1869	0.0256	-0.0070
7	-0.0866	-0.1106	-0.0421	-0.2453	0.0797	0.1517
8	0.1577	-0.3745	-0.1918	0.1976	-0.0281	0.0151
9	-0.1707	-0.0068	0.0519	0.1035	-0.0033	-0.1971
10	0.1536	-0.4066	0.1372	0.0798	-0.0577	-0.0241
11	0.2174	0.1108	0.2207	0.1855	0.1952	-0.1521
12	0.1371	0.3454	-0.0331	0.0915	0.1243	0.2094
13	0.0714	0.1438	0.3812	0.0160	-0.3071	0.1398
14	-0.3218	-0.0372	0.0789	0.2820	0.1047	0.2934
15	-0.0527	-0.0973	-0.2239	0.1165	0.4192	-0.0611
16	-0.2256	-0.1486	0.1193	-0.1068	0.1334	0.1624
17	-0.0347	-0.1094	-0.1047	0.1580	-0.0345	0.0214
18	0.5178	-0.0408	0.0461	0.1280	0.1316	0.2362
19	0.1772	0.0362	-0.2928	-0.0363	-0.1952	-0.0482
20	0.0753	0.3375	-0.2880	-0.0927	0.0954	-0.1522
21	0.2416	-.2556	0.0858	0.1398	0.0236	-0.0593
22	0.0724	0.0201	-0.0099	-0.2193	0.0350	0.0802
23	-0.0390	0.0090	-0.1117	-0.2013	-0.1009	0.2705
24	0.0687	-0.0275	0.1394	0.0862	-0.0046	-0.0359
25	-0.0598	0.1859	-0.0747	0.1423	-0.1127	0.3017
26	0.1630	-0.0272	0.3111	-0.3025	0.2721	0.0062

SCALE:	13	14	15	16	17	18
1	0.1621	0.1905	-0.2737	-0.1798	0.1108	-0.0360
2	0.1376	-0.0488	-0.1011	-0.1771	0.0871	0.1668
3	0.0069	-0.0401	0.0849	-0.1377	-0.3815	-0.0960
4	0.2464	-0.2419	0.1065	-0.0636	0.1840	-0.2506
5	-0.1303	0.0464	-0.1184	-0.2504	-0.0248	-0.1214
6	0.1970	-0.0844	-0.0285	0.1991	0.0431	0.1610
7	-0.2408	-0.1674	0.0402	0.0436	0.0729	0.1424
8	0.0421	-0.3470	0.0434	-0.1035	-0.0246	-0.1304
9	0.1464	-0.0121	0.0299	0.1606	0.1492	0.1487
10	-0.1472	0.1975	0.0878	0.1468	-0.0777	0.0368
11	0.1123	-0.1717	-0.0088	0.1857	-0.0131	0.0485
12	-0.0307	-0.1481	-0.3134	0.1613	-0.0294	-0.0469
13	0.0629	-0.0589	0.0251	-0.0493	0.1109	-0.0973
14	0.1061	0.0335	0.2002	-0.2096	0.1014	0.2602
15	0.0788	-0.0096	0.0479	0.0482	0.0783	-0.0444
16	0.3206	0.0684	-0.0412	0.0985	-0.2338	0.0093
17	-0.0352	0.1373	0.1248	0.2351	0.1102	-0.2425
18	0.1190	0.0149	0.1457	0.0256	-0.1052	0.0628
19	0.2012	-0.0756	0.0831	-0.0380	-0.2477	0.1140
20	-0.0720	0.0569	0.2593	-0.0585	0.0080	0.0953
21	0.0942	0.1815	0.1506	-0.1406	0.1317	-0.0208
22	0.1110	0.2109	0.1289	0.0405	-0.0934	-0.1932
23	0.1221	-0.0347	0.2098	0.0502	0.0875	-0.1118
24	0.0001	0.1659	0.0218	0.1298	0.0648	0.0404
25	-0.0999	-0.0980	0.0509	0.0998	-0.0785	0.0244
26	-0.1936	-0.1731	0.2269	-0.0338	0.0063	-0.0036

SCALE:	19	20	21	22	23	24
1	0.0268	0.1269	-0.1898	-0.0636	0.0510	-0.0395
2	0.1362	0.2723	0.1280	-0.0928	-0.0260	0.1054
3	0.0070	0.1453	-0.0828	0.0574	0.0532	0.1064
4	0.0390	0.1736	0.1116	0.0882	-0.0972	-0.1199
5	-0.0987	0.0676	-0.0741	0.1354	-0.0391	0.1853
6	0.0241	-0.1606	-0.0997	0.0804	-0.1645	0.1401
7	-0.0814	0.0812	0.0089	0.0897	0.3147	0.0615
8	-0.0673	-0.1473	-0.0598	-0.1056	0.0115	0.1440
9	-0.1455	0.1259	-0.0466	0.0759	-0.0161	0.2457
10	-0.0617	0.1813	0.1147	0.2054	-0.0650	-0.1138
11	0.0229	0.0325	0.0704	-0.0963	0.2505	-0.0827
12	-0.1137	0.0906	0.0219	0.1289	-0.1866	0.0001
13	-0.2486	-0.0217	-0.0739	-0.0333	0.0117	-0.0655
14	-0.0407	-0.0205	0.0146	-0.0378	-0.0453	-0.0948
15	0.0388	-0.0232	0.0713	0.1117	-0.0478	-0.0405
16	-0.0129	0.0549	-0.0126	-0.1052	0.0726	-0.0172
17	0.0444	0.1606	-0.2490	-0.1315	0.0506	-0.0027
18	-0.1316	0.0439	0.0123	-0.0258	-0.0319	0.0377
19	0.0364	-0.0013	-0.2044	0.1750	0.0064	-0.1247
20	-0.2477	0.1624	-0.0166	-0.1517	-0.0757	0.0222
21	0.2150	-0.1145	-0.0039	0.1797	0.1616	0.0868
22	-0.0675	-0.1219	0.2777	-0.0680	-0.0073	0.1491
23	-0.0037	0.0753	-0.0402	0.1739	0.0916	0.0597
24	0.0683	-0.0432	-0.1751	-0.0369	-0.0443	0.0712
25	0.3382	0.1579	0.0738	-0.0864	-0.0769	0.1144
26	0.1379	-0.0147	-0.1569	-0.0362	-0.1537	-0.0359

SCALE:	25	26
1	0.0482	-0.0240
2	-0.0439	-0.0295
3	-0.0081	-0.0044
4	-0.0291	0.8621
5	-0.1375	0.2193
6	-0.0649	0.2346
7	0.0387	0.0438
8	0.0161	-0.0710
9	0.1892	-0.1054
10	0.0062	0.0230
11	-0.1495	0.0895
12	0.0358	-0.1063
13	0.0554	0.0041
14	-0.0115	-0.0059
15	0.0017	-0.0617
16	0.0421	0.0170
17	0.0911	0.1169
18	0.0567	0.0010
19	0.0279	0.0457
20	-0.0842	0.0651
21	0.1254	0.0219
22	0.0263	0.0056
23	-0.1977	-0.1236
24	-0.2794	-0.1887
25	0.0252	0.0562
26	0.0985	-0.0615

CHAPTER VI

A COMPARISON OF EMPATHIC JUDGMENT DIMENSIONS USED BY EXPERT AND NOVICE COUNSELORS[1]

In the previous chapter we demonstrated that it was possible to characterize the judgments of clients by expert clinicans in terms of four basic dimensions. Counselors typically categorized the feelings of clients, viewed for the first time, in terms of the extent of the client's dependency, avoidance, anger, and apprehension behaviors and feelings. This relatively small cluster of attributes accounted for a majority of the total judgment of the client--across a variety of clients with a host of clinical problems.

These "feeling-states" of the client, as perceived by the counselor, have been taken to represent the counselor's attempt to gain empathic understanding. Thus empathy has here emerged as a multi-dimensional construct based on several feeling-states. Sharing or recognition of the facets of this construct represented a common perceptual field--the criterion for greater empathy.

To the extent that the dimensions of empathic judgment for the expert clinicans are the result of experience and education, one would anticipate a similar set of referents for those being educated in counseling. That is, the neophyte should begin to use similar dimensions in attempting to empathize with clients.

More specifically, we posited the hypothesis that the frames of reference--or dimensions of empathic judgment as we have termed them--would be visible in the ratings of clients made by fledgling counselors.

What we are describing relates to a process of professional socialization. Given that the members of a profession--although from different backgrounds and different theoretical schools of thought--function or practice in certain common modes, it is incumbent on those wishing to enter the profession to comply and/or internalize those same behaviors (McLeon and Hawley, 1964). This internalization implies that the would-be counselor must begin to overtly or covertly learn and use certain ways of assessing clients.

Inasmuch as the novice is in an early stage of professional socialization, one does not yet anticipate complete correspondence in the use of any set of criteria. In the area of empathy, less stability in dimensions used and more unaccounted for variance in judgment would be anticipated.

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[1] This study was done by Bradley S. Greenberg and John Bowes of the Department of Communication, in cooperation with the IPR project.

One further meaningful distinction between a group of experts and a group of beginners concerns the number of judgmental criteria used. It is assumed that the more experienced professional is able to make more sensitive and more precise discriminations among the behaviors of his clients (Osgood, Suci and Tannenbaum, 1958). We would expect therefore that the interpretable dimensions of judgment invoked by less experienced clinicians would be fewer in number, and less clearly defined.

The final hypothesis of this study dealt with the categories of judgments that would be made within a group of novices who could be differentiated in terms of sensitivity. It was hypothesized that students who demonstrated greater empathic ability on some independent criterion should use dimensions of judgment more comparable to those of the experts than the less empathic students. That is, to the extent that novices in general were different from experts in how they assessed client feelings, the less able of the new counseling students should differ even moreso.

This general line of argument stipulates the following socialization process. Professional counselors, although maintaining a high degree of uniqueness and individual variance in the practice of their profession, share some common modes of behaviors. The average student of the counseling profession learns and adapts certain of these behaviors, in an emulative fashion at least, while the ablest student learns these behaviors more quickly and performs more like the expert than the less empathic student (or those who learn these behaviors more quickly are defined as more able).

This study focuses on the major categories of client feelings that the novice counselor perceives in his attempt to gain empathy with his client.

Method

Overview

58 graduate students in their first year of counselor education observed 11 client-counselor vignettes on a specially constructed film. For each scene, the viewer was asked to judge what he thought the client's feelings were, on a set of 26 adjective-opposite scales. These data were analyzed to isolate the basic factors of judgment used by the students, and then were compared with data gathered earlier from 31 professional counselors, averaging six years of professional experience.

The Empathy Film:

The film used was identical to that described in Chapter V of this report. It contained 12 scenes of one-two minutes each, selected from the kinescope which is a part of the Affective Sensitivity Scale. The scenes varied widely in terms of judged difficulty of determining the client's affective state but scenes used had reliable inter-judge agreement as to difficulty level. The scenes also represented a diverse array of emotional states. One of the scenes, introduced first, was used as a practice scene.

Respondents were asked to judge both the picture and sound quality of the film. Identical ratings were obtained from both the graduate student respondents in this study and the expert respondents studied previously, as shown below:

	Sound Quality	Picture Quality
Novices:	2.0	1.4
Experts:	2.0	1.4

(The rating item was a three-category scale where 1 = no trouble, 2 = some trouble, and 3 = much trouble.)

Participants

All the participants were enrolled in two sections of an introductory graduate course for educational counseling and guidance at Michigan State University. One section was in residence at the University, with an enrollment of 19 students; the other was an MSU extension course, meeting in Grand Rapids, Michigan, with 39 respondents.

For the novices, the average education was 4.7 years of college, and all students were completing their first year of graduate work. The respondents had, on the average, completed 10 credit hours (quarter system) in counseling and/or clinical psychology.

The comparability of the two groups of novices will be demonstrated in the next section.

Instrument

In response to each of the 11 filmed protocols, the respondents performed two tasks.

First, they selected the correct alternative to each of two or three multiple choice response items that accompanied each scene. These items were derived from the Affective Sensitivity Scale described in the earlier Chapters of this section. They were used to discriminate between skilled and less skilled counselors. Across all such items, the novice group was split at the median, with those above the median referred to as the 'High Novice' group (i.e., high in affective sensitivity) and those below the median considered the Low Novice group. The distributions of respondents from the resident campus class and the Grand Rapids class above and below the median were not different. This was taken as sufficient evidence for combining the data from the two classes for analysis purposes.

Second, the novices responded to the 11 client interviews on a set of 26 bi-polar adjective scales administered after each scene. They indicated whether they perceived that a client had a particular feeling (e.g., frightened or confident) and how much of that feeling the client exhibited (e.g., very, quite, or somewhat).

The choice of particular scales and the theoretic rationale for the choices made are described in detail in the preceding chapter. It was these client ratings--for a variety of clients exhibiting a variety of clinical problems--that enabled us to examine the basic dimensions of empathic judgment manifested by the novices and to compare their judgments with the judgments of expert counselors which we had already obtained. The tasks performed by the first-year trainees were identical to those performed by the earlier group of 31 expert clinicans.

Procedure

This instrument was administered on a group basis to the two sections of students. After the study was described in some detail by the experimenter and each respondent had read the instructions the practice scene was shown. The practice adjective scales and multiple response items were completed and any procedural questions were answered. Next, each test scene was shown and then immediately repeated. After each duplicate showing of a single scene, time was allowed for scale completion. Total test time was about one hour.

Few problems were encountered in use of the instrument. Of 61 students in attendance at the beginning of the regularly-scheduled class periods, one chose not to participate in the study, and two produced incomplete test booklets. 58 students voluntarily participated in this study and completed all phases of it.

Results

The two basic hypotheses assessed in this study were: (1) that the dimensions of empathic judgment used by fledgling counselors would basically correspond to those used by expert clinicians; and (2) that the dimensions used by more sensitive novices—according to an accuracy criterion—would be more similar to the experts' ratings than those used by less sensitive novices.

Two major sets of analyses were performed in order to test these propositions. First, we factor-analyzed the judgments of 58 students in their first year of clinical training. Each of these respondents had viewed the 11-scene empathy film described in the procedures section, and had rated the client in each scene on a set of 26 semantic differential scales. This provided the basic data for the first hypothesis, to be compared with identical measures obtained from a group of expert clinicians.

Second, the group of novice respondents was divided in half at the median score obtained on the multiple choice test administered after each scene. This 'accuracy' test was developed from the Affective Sensitivity Scale. This median split determined who would be considered as 'High Novice' respondents and 'Low Novice' respondents. Ties at the median score were resolved by randomly assigning tied respondents to the two groupings. To test the second hypothesis, then, separate factor analyses were made of the client ratings of these two novice groups.

Experts vs Novices

The study reported in the preceding chapter indicated that the set of judgments made by the expert group of counselors could be accommodated most meaningfully within a four-factor framework. These judgmental factors were Dependency, Avoidance, Anger and Apprehension. Table 3.27 presents the results of the four-factor solution for both the expert and the novice respondents.

(Insert Table 3.27 here)

Overall, the degree of correspondence between these two sets of data is striking. In Table 3.27, each scale is located with that factor on which it has its highest loading, i.e., the factor to which the scale makes its largest contribution in terms of individual variation. By sheer chance, only three or perhaps four scales would have corresponded. The novices used 17 of 26 scales in a manner that was virtually identical to the expert

Table 3.27 Dimensions of Empathic Judgment for Novice and Expert Counselors[1]

Scales	I. Dependency		II. Avoidance		III. Anger		IV. Apprehension	
	Expert	Novice	Expert	Novice	Expert	Novice	Expert	Novice
1. weak-strong	.7113	.7585						
2. dependent-independent	.6998	.6982						
3. frightened-confident	.6616	.7380						
4. sad-happy	.6480	.6196						
5. confused-clear	.5138	.5322						
6. slow-fast	.6483							
7. passive-active	.5461							.5243
8. childish-mature	.5386			.4538				.5209
9. avoid-approach			.7584	.6331				
10. shallow-deep			.7198	.5637				
11. dishonest-honest			.7043	.7326				
12. reserved-frank			.6894	.6437				
13. cool-warm			.6093	.5075				
14. rigid-flexible			.5007			.4458		
15. defensive-aggressive		.5310	.4947					
16. resentful-appreciative					.8101	.7021		
17. abused-complimented					.7398	.6635		
18. hostile-friendly					.7113	.7251		
19. rejected-accepted					.6913	.5543		
20. dissatisfied-satisfied					.6433	.5565		
21. impatient-patient					.5599	.5863		
22. embarrassed-poised		.4696					.6480	
23. tense-relaxed						.4747	.6318	
24. Dangerous-safe						.5033	.4696	
25. unpleasant-pleasant						.6382	.4842	
26. bored-surprised							.4327	.7062

[1] Each scale's highest factor loading is presented.

group! Those scales appear in similar factor arrays with loadings comparable to those of the expert group—whose dimensions are considered the criterion throughout this analysis.

It is intriguing to note also at this point that the relative weightings of the first three factors—Dependency, Avoidance, and Anger—are roughly equivalent. The first accounts for 16 percent of the variance for the experts, and 17 percent for the novices; Avoidance contributes 14 percent for the former group, and 12 percent for the latter; the third major factor, Anger, represents 15 percent of the total variance for the experts and 17 percent for the novice. Therefore, not only are the same three major factors identified for each group, they are of equal contribution within each group's frame of reference for judging clients, and they are of equal importance between groups.

It should be noted throughout that reference to separate factors constitutes reference to independent dimensions of judgments. Although the characteristics of any one factor are highly inter-related with each other, their relationship to characteristics on other dimensions is minimal, e.g., the dependency characteristics described do not greatly overlap in the judgments of the experts or novices with avoidance attributes, or any other of the attribute clusters.

A brief examination of the composition of the individual factors for the expert and trainee groups follows:

Factor I: Dependency.—This dimension indicates that a cluster of characteristics used by counselors and would-be counselors to judge client problems is best defined by the perceived presence or absence of weakness, dependency, lack of confidence, sadness and confusion in those they counsel. These judgments are relatively redundant (strong inter-correlations[2]) and together they characterize one basic dimension of client behavior.

Factor II: Avoidance.—Of the seven scales used by the experts to define the dimension of avoidance behavior in clients, five were replicated by the novices. Both use as a basic measure of client behavior the propensity of the client to show avoidance, shallowness, a reserved and cool demeanor, and some lack of honesty in his behavior.

Factor III: Anger.—Here, seemingly, is the strongest single factor replication. All scales which the experts used to determine the anger of the client's mood were also used by the novices. Both looked at how resentful, abused, hostile, rejected, etc. the client appeared to feel. One must observe in Table 3.27, however, that this dimension of judgment subsumed for the novices a majority of the characteristics forming a separate Apprehension factor for the experts.

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[2] The inter-correlation matrices of the 26 variables for both novice groups are in Appendix B.

Factor IV: Apprehension.--The set of characteristics defining what we have termed apprehension for the expert counselors does not exist for the novice group as such. In essence, their fourth factor is a residual one, with no clear interpretation possible. For the novices, apprehension and anger are merged into a single dimension of client judgments, their third factor.

In summary, then, both the expert clinicans and first-year trainees responded to a variety of client problems in terms of three basic, extremely similar frames of reference. For the experts, an additional dimension existed, reflecting what we believe to be their increased sensitivity and ability to discriminate among client traits.

High Novices vs Low Novices

Given the overall similarity between the judgmental structures of the experts and the novices, there still remained the question of possible differences within the latter group. Would novices who were more accurate in their assessment of client problems also be more similar to the experts in their use of these adjective descriptors--when compared to a sub-set of less accurate novices? To answer this, separate factor analyses of the client ratings were made for novices above and below the median scores on the accuracy criterion.

To test this question, we compared the four-factor solutions for the two novice group with the expert counselor ratings. Table 3.28 provides an overview of the findings.

Table 3.28 Percent of total variation in four-factor solution for expert and novice groups

		Experts	High Novices	Low Novices
I	Dependency	16%	16%	15%
II	Avoidance	15%	10%	21%
III	Anger/Hostility	14%	12%	12%
IV	Apprehension	10%	13%	(7%)[a]
		55%	51%	55%

[a] For the Low Novices, this factor is not composed of Apprehension attributes.

For the more empathic or High Novices, the dimensions of empathic judgment are remarkably similar to these of the experts. Each of their factors contributes to the total variation in judgment to a comparable extent, except for the lesser emphasis given to judgments of client 'anger'.

For the Low Novices, the sharpest deviation from the pattern of the other groups is the absence of a meaningful fourth factor. Their judgments are restricted to fewer interpretable dimensions, in comparison with either the experts or the more skillful novices. Further, the judgment of 'anger' or 'hostility' characteristics for this group received substantially more emphasis than the other two groups. Anger characteristics account for 21% of the total variation for the Low Novices, in comparison with 15% for the experts and 10% for the High Novices.

In essence, while the four factors are roughly equivalent in emphasis in characterizing the manner in which expert counselors and skilled trainees judge client problems, the judgments made by the Low Novices are tilted heavily on an Anger fulcrum.

Furthermore, the existence of an additional interpretable dimension--Apprehension--in two of the groups, is in accord with what Osgood and his associates (1957) have described as the ability of more skillful or professional groups to discriminate with greater precision. With training and increased skill, it is expected that more sensitive differentiations would be made by clinicians as well as most other trained practicioneers in their respective fields.

The professional musician probably judges music with more (and different) criteria than the music student; the economist assesses fiscal activities with more differentiated criteria than the bank loan officer and the doctor looks at more aspects of a patient problem than a beginning medical student.

The individual factor composition for the three comparison groups follows. In the succeeding tables, the standard of comparison is the factor structure obtained from the expert counselors.

Factor I: Dependency.--For the experts, eight scales defined this set of judgments. For the High Novices, five of these scales cluster in terms of their highest loadings; for the Low Novices, six of these scales are replicated. Three are held in common by both novice groups: "weak-strong", "dependent-independent" and "frightened-confident". Table 3.29 presents these data.

The dependency factor emerges as one used by all respondents, regardless of their degree of training or their degree of affective sensitivity in assessing the feelings of clients.

Table 3.29 Factor comparison for expert and novice groups

	Experts	High Novices	Low Novices
Dependency Scales			
weak-strong:	.7113	.7735	.7181
dependent-independent:	.6998	.7039	.7229
frightened-confident:	.6616	.7646	.6089
sad-happy:	.6480	.6471	
confused-clear:	.5138	.6023	
slow-fast:	.6483		.5794
passive-active:	.5461		.5666
childish-mature:	.5386		.5753

For the High Novice Group, the scale 'satisfied-dissatisfied' was the only additional scale loading > .5000 on this factor.

Factor II: Avoidance.--For the experts, seven scales defined this factor of empathic judgment. For the High Novices, five of these same scales best formed this factor; for the Low Novices, four scales did so, and these were isomorphic with descriptors used by the other novice group. These data are in Table 3.30. For the Low Novices, other scales tended to cloud the clear interpretation of this factor that was possible for the experts and High Novice respondents.

Again, a basic dimension of judgment used by all three comparison groups is the extent to which the client is perceived as exhibiting avoidance behavior.

Table 3.30 Factor comparison for expert and novice groups

	Experts	High Novices	Low Novices
Avoidance Scales			
avoid-approach:	.7584	.6193	.5756
shallow-deep:	.7198	.4941	

Table 3.30 continued

	Experts	High Novices	Low Novices
dishonest-honest:	.7043	.5004	.6660
reserved-frank:	.6894	.6222	.6716
cool-warm:	.6093	.6310	.4602
rigid-flexible:	.5007		
defensive-aggresive:	.4947		

For the High Novice Group, the scale 'passive-active' was the only additional scale loading $>$.5000 on this factor; for the Low Novice Group, the scales 'clear-confused', 'embarrassed-poised', and 'tense-relaxed' loaded $>$.5000 on the factor.

Factor III: Anger.--This factor was the most discrepant among the three groups. Defined by six scales for the experts, only three of those scales were used in the same way by the High Novices, whereas all six were similarly used by the Low Novices. Table 3.31 contains these data. However, the less sensitive trainees also confounded their judgments on this factor with several scales that appeared on other factors for the experts. Hence, the Anger dimension was a smaller part of the skilled trainee's frame of reference, but was a larger reference point for the less sensitive trainees.

Table 3.31 Factor comparison for expert and novice groups

	Experts	High Novices	Low Novices
Anger Scales			
resentful-appreciative:	.8101	.7394	.8016
abused-complimented:	.7398	.6860	.7788
hostile-friendly:	.7113		.7207
rejected-accepted	.6913	.6155	.6963
dissatisfied-satisfied:	.6433		.6810
impatient-patient:	.5599		.5957

For the Low Novice Group, the scales 'sad-happy', 'unpleasant-pleasant', and 'dangerous-safe' loaded $>$.5000 on this factor.

Factor IV: Apprehension.--As indicated earlier, no apprehension factor existed for the Low Novices. For the High Novices, the beginning of an apprehension set of judgments is found, although it is not an unambiguous set. Table 3.32 presents these data.

Table 3.32 Factor comparison for expert and novice groups

	Experts	High Novices	Low Novices
Apprehension Scales			
embarrassed-poised:	.6480		
tense-relaxed:	.6318		
dangerous-safe:	.4969	.6250	
unpleasant-pleasant:	.4842	.6245	
surprised-bored:	.4327		.6521

For the High Novice Group, the scales 'hostile-friendly' and 'flexible-rigid' loaded .5000 on this factor.

Roster of 'Best' Scales

If these data are to be used to facilitate or enhance the training of counselors, then one added way of indicating the major results is warranted. This is in terms of client attributes which commonly define a factor across all the participant groups. In this manner, the trainer or teacher would begin with the most common perceptions that have been shown to exist among experts, and among both more and less sensitive trainees.

For all three groups, the following attributes best encompass the dimensionality of client ratings among all those who responded to the experimental situation:

	Scales
I. Dependency	Dependent-independent Frightened-confident Weak-strong
II. Avoidance	Avoid-approach Reserved-frank Cool-warm Dishonest-honest

(continued next page)

(continued)

	Scales
III. Anger	Resentful-appreciative Abused-complimented Rejected-accepted

From the Expert and High Novice groups, the following may be considered:

IV. Apprehension	Unpleasant-pleasant Dangerous-safe

Beginning with this roster of uniformly categorized attributes, the instructor could then expand each of the dimensions by drawing in additional client characteristics, as perceived by the expert counselors. Until additional research more clearly explains a greater amount of variance in clinical judgment (these data explain 50 percent), the instructor may well conjecture, from his own values and theoretic views, as to the additional criteria that may be invoked in trying to sense the client's feelings.

Discussion

The ways in which client feelings are categorized by counselors-in-training correspond closely to the categorizations of experienced counselors. The judgments of the former are somewhat more varied, less stable and perhaps less discriminating.

It in intriguing to note that the Low Novice group gave substantially more emphasis to the 'anger' or 'hostility' characteristics of clients. This would seem to be the same quality observed in low scorers on the Affective Sensitivity Scale in the course of developing that instrument. In Chapter II of this section (see page), low scorers tended to anticipate that the client would be rejecting the counselor. Additional distractors which described client hostility toward the counselor were then deliberately added to the scale. These 'hostility' distractors did significantly attract low scorers. The implication seems to be that neophyte counselors or students in counseling who are low in affective sensitivity tend to perceive more hostility in clients than do more sensitive counselors. Or else they have simply learned less about the other principal dimensions of client feelings. Nevertheless, the overall impression from these data is that the novices have incorporated the perspectives of the experts in that they relate to the same clusters of client feelings.

The precise manner by which the novice's frame of reference becomes similar to that of the experienced clinician is beyond the scope of these data. However, the question is worthy of speculation. We would propose that current novice training procedures infrequently, if ever, speak directly to this set of four empathic judgment dimensions. Yet, there is the need for counselor and neophyte to discuss any client's problems in terms of their prior experiences, related or similar cases, and theoretic guidelines. Perhaps this discussion merges in such a way that through some aspects of the experienced counselor's behavior and verbalizations, he applies analytic criteria equivalent to the four identified dimensions. By his example, the counseling trainee may well begin to internalize the same underlying standards and approach. If this is the case, it would seem reasonable that the training of the novice could be made more explicit by directing instruction toward knowledge and application of at least these four parameters of empathic judgment--Dependency, Avoidance, Anger, and Apprehension.

But, do these dimensions make clinical sense? Apparently so. It would appear that the clinician asks two basic independent questions:

1. What does the client feel? An anger non-anger continuum is applied as is an apprehension non-apprehension continuum.

2. How does the client react or behave with others? The client's position along a dependency non-dependency mode of relating is determined by the clinician as is the client's tendency to avoid or not avoid contact or relationship with another.

In essence, a major part of arriving at an empathic understanding of a client seems to involve knowing what the client tends to feel and how the client tends to behave with others. The statistical independence of the four factors indicates that one does not necessarily expect to find one of the behaviors emerging or concomitant with one of the feelings. The clinician does not expect, for instance, that anger and avoidance must be related; rather, he anticipates that separate determinations must be made on each of the client characteristics.

It is rather striking that the feelings of the client can be characterized within a rather finite set of attribute categories. Or more precisely, that across a wide grouping of client problems, a few common dimensions account for a substantial share of the total client judgment. As the data show, however, there remains more than ample tolerance for unique reactions to or judgments about individual clients. Only one-half of the variance can be attributed to the sets of characteristics defined here. The remainder are unaccounted for to this point.

If training of novices were to include instruction in these common modes of judging client problems, the possible gain in instructional time and attention could then be allocated to other vital aspects of the clinical interview; other aspects would certainly include such qualities not incorporated in this study as the counselor's personal reaction to the client, the structure of the interview, the style of the counselor, etc.

As impressive as are the similarities in the judgments of experts and novices, there remains a nagging question as to the extent of this correspondence. Indeed, we anticipated more discrepancy between the more and less empathic novices than was obtained. Perhaps the most plausible explanation possible at this time is that the student respondents had already been selected--either self-selected or other-selected--into a prospectively successful grouping. That is, those who would have fared even more poorly on the criterion test had already eliminated themselves from consideration as potential counselors. Thus, we may have been dealing only with the upper end of the continuum of counselor applicants. Others went into engineering[3], or art, or were not admitted to graduate work in counseling or psychology. Had the full range of talent been available, one anticipates that there would have been less correspondence in the use of the listing of 26 client characteristics between the novices and experts, or more importantly, among ability levels within the novice group itself. At still another level of speculation, perhaps these dimensions have little to do with the professional specialty of these particular respondents. Is it possible that the four identified dimensions are covertly used by virtually anyone within modern American society as he 'sizes up' another person--that they represent general factors of interpersonal assessment? That question is also outside the present data. Subsequently, we shall administer this set of materials to persons who represent areas quite unlike counseling or psychology to test these notions more directly.

At present, we would recommend that attention be directed to determining additional factors which would boost the amount of variance that could be explained in a counselor's attempt to gain empathy with his client's feelings. We have explained 50 percent. We would not presume to be able to accommodate fully 100 percent of any set of judgments within a single framework. However, inasmuch as fully one-half has not been accounted for in a first attempt, there undoubtedly remain some additional significant, common factors which could accelerate our level of understanding.

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[3] Support for this speculation may be inferred from the data reported as Postscript in Chapter III, this Section.

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SECTION IV

ACCELERATING CLIENT PROGRESS IN COUNSELING

Research in the area of acceleration--of client movement during the first two years (1964-65) of this study centered on intensive analysis of case study material. Six basic questions regarding the use of IPR in counseling were examined through this technique and criteria were defined which we felt were universally indicative of client progress in counseling. Chapter I of this section describes these earlier research efforts. When our initial investigations indicated that the IPR process did appear to accelerate counseling, a more definitive attempt at analyzing the process was designed. The effects of IPR in intensive psychotherapy with an extremely competent therapist were evaluated through use of independent judges and a specially devised rating instrument. The results of this study appear in Chapter II. The next phase of research was to conduct a controlled experiment to evaluate the extent to which the IPR process could promote client movement with a larger sample of counselors and clients. Our initial efforts with the standard IPR approach did not appear to accelerate therapeutic progress with this population of relatively inexperienced counselors. Puzzled by this, we began experimenting with a new method in IPR--which eventually led to what we have labeled a "mutual recall" technique. The results obtained from the use of mutual recall are presented in Chapter III. Significant client growth was found. Mutual recall apparently worked well with the counselors and clients described in Chapter III but regular IPR had worked well with the client and counselor described in Chapter II. Chapter IV describes a study designed to directly compare the regular and mutual recall techniques on a single population. One of the basic assumptions of our experimental design was not met in conducting the experiment, but this proved to be serendipitous for it provided us with information about therapist/IPR technique interaction. We speculate about why the greater the expertise of the therapist, the more likely it is that the standard IPR technique will have an accelerating effect on client progress. The less than expert therapist, on the other hand, seemed to have better results from the mutual recall techniques.

CHAPTER I

BASIC ISSUES: CASE STUDIES AND THE DEVELOPMENT OF CRITERIA OF PROGRESS

The Use of IPR in Acceleration of Counseling Progress

One of the observations of the IPR pilot studies was that the IPR technique appeared to accelerate counseling, oftentimes dramatically. It appeared to disrupt impasses and plateaus which hinder counseling or psychotherapy progress. Prior to embarking on definitive studies to confirm these observations, it was important to first explore IPR in several formats and with a variety of client types to determine its potential. Among the many clients chosen were a relatively normally functioning adolescent girl; a schizophrenic, alcoholic, high school age boy; a male college-student who was having difficulties with his college courses as well as in establishing satisfactory relationships with others; a married woman who suffered frequent anxiety; and a middle aged couple who were concerned about whether or not to marry. Although many clients were used as subjects in IPR, these five were given repeated IPR treatment; we thus could see the effect of IPR not only on a single session but also as the effect accumulated during the subsequent counseling sessions. The clients were selected and the format of their IPR sequence varied so as to provide possible answers to six questions:

1. Is it possible that the most important variable in the IPR process, one which really has the most influence on client insight, is neither the television image nor the immediate playback, but the role played by the recall worker (interrogator)? Is it possible that because the interrogator probes more actively, confronts more bluntly and questions more freely than did the counselor, that this is the real "uncovering" agent in IPR?

To obtain an initial answer to this question, a case involving a therapist whose approach is highly probing, direct, and interpretative was selected for analysis. The interrogator's approach was "mild" when compared with the therapist's in this case. (See the case of George, Chapter II.) IPR seemed to be highly productive according to client self-report as well as independent ratings of progress-in-therapy by two separate groups of raters.

2. How valid are the insights obtained during recall? Is it not possible that the client's apparent productivity is merely

a reflection of his desire to please the interrogator and simply a different kind of rationalization process? There seem to be similarities in the recall material obtained among a given group of clients. (For example, high school girls as a group were very frequently concerned about their "looks" on recall while the counseling sessions were unique and individual in overt content.) But is it still not possible that most of the recall material is merely a different kind of client defensiveness rather than "true" recall?

To probe this question, hypnotic procedures were employed. Although the client's affect was more pronounced under hypnotic procedures, the content of his recall was congruent with his non-hypnotic recall. (cf. Woody, Krathwohl, Kagan, and Farquhar, 1965)

3. Would the process continue to work over a period of time with a sophisticated and mature client? Would the potency of the process wane with consecutive exposure?

One of the cases selected for analysis involves a mature woman of about 40 who as a result of previous counseling and graduate school study was psychologically sophisticated. Not only did repeated IPR exposure not wane in its apparent effects, but there seemed to be a very rapid progression of gains for this client who reported gaining little benefit from previous counseling experiences.

4. If a close relationship is established with the recall worker as well as the counselor, is it not possible that the combined impact of both serving as counselors is the effective agent rather than video confrontation? Although not completely conclusive, some evidence is available from a case where a different recall worker was introduced with each session so that the opportunity to build a relationship with one recall worker as well as with the counselor was limited. This client seemed to gain in spite of being confronted with a different recall person on each session, and despite the introduction of the new persons she continued to return for IPR counseling.

5. Is there any way in which natural or indigenous relationships could be used as the "focus" for the recall interview? Would it be productive to videotape, for instance, mother and child in relationship or would it be possible to encourage husband and wife to interact before the cameras? How might such sessions be structured?

Several variations of IPR methodology were applied to a marriage counseling case. The potential of the technique for use in such indigenous rather than client/counselor relationships seems to be promising and worthy of further exploration.

The unique contribution of the IPR technique seemed to lie in focusing the clients' attention on the examination of themselves and their relationship. This effect was heightened by the development of the procedure of mutual recall without the moderation of the counselor-recall person, i.e., the clients remained together to discuss the replay and "interrogate" themselves. (A different concept of mutual recall is discussed in Chapter IV of this section.) The emphasis in counseling moved rapidly from past traumatic events to the manifestations of difficulty in the immediate relationship. Exploration into individual dynamics was centered upon the evidence of their operation in the behavior witnessed during replay.

6. How important is it that playback be immediate: what happens to the nature of the impact on clients if recalls are delayed by weeks or even months?

Our findings about delayed recall seem to agree with those of Nielsen (1964). Greater detachment was observed in our experiments of very much the same sort which Nielsen observed; however, Nielsen's postulate that the subject tends to reverse his affective evaluation over time was not borne out by our data.

It was observed that cognitive content seemed to be unaffected by the passage of time, i.e., the client could understand what she was saying and why, and she could conceptualize her relationship with the counselor. The emotional impact of the material, on the other hand, seemed to have disrupted activity, i.e., she would not empathize with the person she had been on videotape.

Prior to examining these case studies for evidence of acceleration, however, we needed to clarify the bases for recognizing counseling progress when it occurs. What constitutes evidence of counseling progress? Can one define such criteria neutrally with a set of criteria that is not dependent on one or another school of counseling? We attempted to do this by reviewing the literature and then by pulling together, from a variety of sources, four major criteria of progress in counseling. These criteria were not designed to be a logically complete or intact set of such criteria; they have, instead, almost universal acceptability.

Related Literature

The following paragraphs present statements and summaries which represent the major elements of relevant research. The literature cited is meant to be representative--not all inclusive.

The question, "Does counseling or psychotherapy actually work?" must be answered before determining the criteria for counseling effectiveness. It is important to note that this basic issue has not been entirely resolved. The findings of studies bearing on the matter would distribute themselves along a skewed curve. The median of such a curve would represent studies which reported no significant differences in the client as a result of counseling. The distribution of reported research is skewed somewhat toward those studies reporting change in a positive direction. The two most frequently reported obstacles to successful evaluation are: (1) the inability of various schools of counseling and psychotherapy to agree clearly upon processes and goals; and (2) the inability to put such definitions as exist into operation so as to measure adequately whether the goals have been obtained.

Illustrative of the difficulty in attaining universal agreement is the proposition that a lessening of defensiveness is an important goal in counseling and therapy and hence its achievement a criterion of therapeutic progress. Haigh (1949), Hogan (1962), and Rogers (1961) each describe the importance of and role of defensiveness as an important variable in client change. Rogers (1951), however, convincingly argues that progress may be marked by insight, self-acceptance, and greater maturity of reported behavior, and yet be accompanied by a great amount of client defensiveness.

As evidence of the difficulty of obtaining satisfactory operational definitions of counseling progress is the rise and fall of various modes of evaluation through the years. The literature abounds with illustrations: Rorschach, TAT, MMPI, the Bell Adjustment Inventory, and the Bernreuter; the extensive uses of judges' ratings along a myriad of continua; and the use of Q methodology particularly in relation to ideal and real self-concept. Each of these methods has been "popular" at one time or another. None has proved wholly satisfactory for measuring progress to the satisfaction of researcher or practitioners, and none has maintained its popularity as a criterion very long.

On the other hand, there are theorists and researchers who argue that the same criteria cannot be applied to all persons. Thus a TAT or MMPI might be inappropriate depending on the evaluation and unique diagnosis of each individual and the counseling goals most appropriate for him (Krumboltz, 1964). But here too one is confronted by the observation that clients' diagnosis and goals change as counseling progresses.

Some students of counseling have attempted to define counseling progress but their definitions are difficult to use.

Two examples follow:

> Psychotherapy does not cure in the sense of assuring maturity in the patient; it simply inaugurates growth. It is a process of helping the individual learn how to remove the blocks to utilizing his inherent growth impulse (Whitaker and Malone, 1953).

> . . . Change in the personality structure of the individual, at both surface and deeper levels, in a direction which clinicians would agree means greater integration, less internal conflict, more energy utilization for effective living; change in behavior away from behaviors generally regarded as immature and toward behavior regarded as mature (Rogers, 1957).

Riess (1960), apparently attempting to circumvent the dilemma of defining progress states: "at the moment, we must be satisfied with being able to show that there are changes, without clearly demonstrating that the changes prove the patient to have grown mentally healthy."

Given that these problems exist, let us nevertheless examine several of the more widely accepted statements defining successful counseling or therapy. These efforts have described progress as a series of sequential stages. Each series appears to reflect the theoretical bias of the author, to at least some extent. One such set of constructs was developed by Rogers (1958). He proposed that the process of change occurs in seven stages. During the first stage he postulates that clients exhibit "an unwillingness to communicate self; communication is only about externals. Feelings and personal meanings are neither recognized as such nor owned." During the second stage, "expression begins to flow in regard to non-self topics. Problems are perceived as external to self. There is no sense of personal responsibility in problems . . ." Movement continues through various stages. Stage five, for instance, is characterized as follows: "Feelings are expressed freely as in the present. Feelings are very close to being fully experienced. They 'bubble-up', 'seep-through', in spite of the fear and distrust which the client feels at experiencing them with fullness and immediacy." In the seventh (last) stage, "New feelings are experienced with immediacy and richness of detail, both in the therapeutic relationship and outside . . . Experiencing has lost almost completely its structure-bound aspects, and becomes a process experiencing--that is, the situation is experienced and interpreted in its newness, not as in the past."

Another series of sequential stages is that developed by Wolberg (1954). He suggested that the process of psychotherapy be characterized by progressive stages of self understanding which, in the main, might be delineated as follows:

1. Elaboration by the patient of his symptoms and complaints.
2. Discussion of feelings associated with symptoms.
3. Relation of feelings to dissatisfactions with his environment.
4. Recognition of repetitive patterns of behavior and appreciation of their responsibility for disturbed feelings.
5. Awareness of dissatisfaction with his patterns, but realization of their compulsive persistence.
6. Cognizance of the functional nature of his behavior pattern.
7. Exploration of his patterns and the determination of the origin in early relationships.
8. Disclosure of the archaic nature of his disturbing life trends and mechanisms of defense.
9. Challenging of his early attitudes.
10. Serious consideration of rights to a more productive life.
11. Intense dissatisfaction with his current patterns, insecurities, and devaluated self-esteem.
12. Experimentation with new modes of behavior.
13. Liberation from old values and types of action.
14. Evolution, greater security, assertiveness, self-esteem, and a sense of mastery.
15. Development of a different concept of himself, of more constructive interpersonal relationships, and of greater capacities for the expression of his biological and social needs.

Whitaker and Malone (1953) propose that progress in analytical therapy consists of three phases and seven stages:

I. Pre-Symbolic Phase (early interviews)
    1. Anamnesia Stage
    2. Symbolic Casting Stage
II. Symbolic Phase (involves transference)
    3. Competitive Stage
    4. Regressive Stage
    5. Core Stage
III. Ending Phase (transition of patient from therapy to culture)
    6. Testing Stage
    7. Withdrawal Stage

The preceding definitions are either too vague or too directly related to a specific personality or counseling theory. Although several have the quality of being logically complete criteria or stages, none has reasonably universal acceptability.

We have borrowed from these and other authors to devise a set of criteria that seem to have commonality across authors.

Selected Characteristics of Counseling Progress

What properties would appropriate criteria for measuring progress in counseling have to have? (1) They were not to be too closely related to a single counseling theory; (2) they had to be operationally definable and so have objectivity and research utility. They would have to be practical and measurable but also reflect legitimate characteristics of client growth. That is, objectivity could be achieved by defining precise, measurable elements, but these elements might not be meaningful elements of counseling progress. (3) They needed not necessarily represent discreet entities, that is, a client might display two or more of the characteristics at a given moment; and (4) they need not describe _all_ that occurred in a counseling relationship. The attempt was thus to consolidate those accepted characteristics of client change which most counselors would agree to without attempting to define _all_ client change. The latter tends to force one to accept one or another counseling theory. The elements thus chosen represent some of the most obvious tasks a client experiences in successfully moving through the counseling process. The hypothesized characteristics of client progress are:

1. _The client owns his discomfort_. Clients come to the counseling relationship in various stages of readiness. Some have vague feelings of discomfort, typically in the form of free-floating anxiety. The anxiety is not necessarily tied to a specific problem, but is one which pervades much of the client's outlook on life. Progress occurs when the client (1) admits the feeling of discomfort, and (2) begins to specify the locus of his concerns, fears, and discomfort.

For instance, one client admitted feelings of discomfort but tended to attribute these to a general dissatisfaction with friends, relatives, and particularly with the operating structure of her school. However, until she became able to specify the locus of her concerns as within herself--her anticipations of rejection which gave rise to a general fear of interpersonal relationships--progress was not possible. With this awareness of her unrealistic expectations of rejection, progress followed rapidly.

2. _The client commits himself to change_. Basic to all counseling progress is the maintenance if not the heightening of the client's motivation to change himself from the person that

he was when he became involved in the problem[1] to one who can more successfully solve problems without the counselor's aid. Such motivation implies a lessening of defenses to the impact of the counseling process. The client in essence cooperates rather than resisting the efforts designed to change him.

Evidence of the increased motivation may be that the individual confronts his problem directly, that he does not try to rationalize his behavior or to switch from problem to problem. Client change from resistance to cooperation is considered a "turning point" in the relationship according to many practitioners. The client stays with the behavior which is centrally involved in the problem, discussing it, attempting to understand it, and attempting to work with it in a way which will result in a better understanding of the behavior and of his role in it. He will be willing to undergo painful thoughts in the course of this exploration. He is willing to accept intervention by the counselor whether the intervention takes the form of a new relationship to the counselor, a painful interpretation of behavior, confrontation, or a myriad of approaches. He wants to change and cooperates in the change procedures.

Two case studies embody rather clear illustrations of characteristic 2. According to evaluations by raters, one of the changes in George's behavior following IPR was in his ability to relate to the counselor (see the case of George, Chapter II). In another case, the client had used his previous counseling experiences largely to manipulate the counseling. Confrontation by his own videotaped behavior seemed to create enough dissatisfaction with himself so that a new commitment to change and cooperation with his counselor emerged.

3. The client differentiates stimuli. The clients who progress in counseling typically learn to perceive more and more of the stimuli which surround them and to react to these stimuli as discreet rather than stereotyped factors. Thus the client may, for instance, no longer see all adults of a certain age as threatening but may begin to recognize the uniqueness of these individuals and to respond to them as individuals. In most cases, the client first becomes aware of his inability to differentiate stimuli by examining the ways in which he stereotypes the counselor. As he progresses, he ceases to attribute to the counselor attitudes and motives which would not be objectively perceived by others as present. He reacts to the counselor less as a stereotype or fantasy figure and more as a unique individual whom he can view with some objectivity.

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[1] Problem here is used in its broadest sense. Thus a problem may be a specific decision point or a general dissatisfaction with one's self or relationship to others.

He comes to see himself, too, as a unique complex being. He learns to become more aware of and better able to differentiate among his own emotions. He more accurately perceives the emotions of others and the reactions of others to him.

He also becomes aware of commonly held perceptions within this society. This is not to say that he must conform to this perception or that he may not have fantasies about it which are unreal but rather that he is able to distinguish among the fantasy, the unique, and the common-held perceptions.

He becomes better able to perceive the unique characteristics of himself in relation to others as well as his characteristics in common with others. This successive differentiation of self appears to be a commonly-held criterion of progress in counseling, although its description varies according to the theorists' or practitioners' theoretical bent.

The differentiation of stimuli was rather clearly observable, and a major characteristic of the gains made in most of the cases studied. One client anticipated rejection by the counselor. So elaborate was her stereotyped expectations of others that she was able to specify in great detail the kinds of thoughts others would have about her in the course of rejecting her. As she learned to differentiate the counselor as a unique individual, she became more able to behave in new ways with him and ultimately in more satisfactory ways with other people of significance to her. Until the nature of her stereotyped anticipation was examined, all other progress seemed impossible. In the case of the married couple, each of the two clients had a general feeling of dissatisfaction with the other. In addition, each was convinced that the "fates" had been unkind. These feelings were replaced after IPR sessions with a greater awareness of the ways in which they behaved toward each other, and with feelings of personal responsibility for their past and present behaviors and situations.

In the numerous one-or-two-session IPR treatments (See Section II of this report, Effectiveness of IPR in Supervising Counseling), differentiation of stimuli, particularly in the extent to which the client stereotypically anticipates the attitude and perceptions of the counselor, was a prominent characteristic which seemed readily available for examination under recall conditions. This characteristic appears to be the one most amenable to influence by IPR.

4. The client behaves differently. Among clients who progress, perception moves from the solely cognitive sphere into a behavioral sphere so that the client behaves differently. This may occur outside of the counseling sessions and be reflected in the client's reporting his outside relationships to the counselor.

The client is increasingly open to the perception of experiences and to acting out behaviors that he formerly blocked out. A part of this is a consequence of his increased sensitivity to his own and other's actions and feelings. A second part of this is a more accurate and objective perception of such actions and feelings so that he perceives them as others would.

The counseling relationship may also become a laboratory in which the counselee may experiment with new behaviors.

We would also expect the client to recognize the consequences of such behavior. Instead of perceiving his behaviors and the reactions of others as something which "just happens", for him we expect, as counseling progresses, that he would assume more and more responsibility for this behavior and its consequences. Thus we would expect to see counseling and therapy facilitated by the individual trying out new behaviors with respect to the counselor and his discussion of new behaviors outside the counseling relationship. We would expect to find him evaluating those behaviors in terms of their impact both on himself and on the counselor and ultimately generalizing to some extent to his outside behaviors to other people. New behaviors would be expected to provide the client with greater interpersonal efficiency and effectiveness in dealing with others.

New behaviors with the counselor were observable in all of the cases studied. New behaviors with significant others in the client's environment have been concluded only on the basis of client report, except for the marriage counseling case in which the counseling and recall were focused primarily on the relationship between the two clients. Each of the clients described new, more satisfactory relationships with friends, associates, and relatives, but no attempt was made in these studies to examine the client's relationship outside of the counseling sessions. The validity of behavioral change with the counselor or therapist is attested to by the informal evaluation of clinicians in one case, and by the formal ratings of judges in the case of George; however, behavioral changes outside the counseling relationship reported by clients are of unknown validity.

Application of the Criteria of Counseling Progress

Is there evidence in the case studies that the kinds of behaviors described in these four categories appear as a result of the IPR process? We evaluated our case studies and concluded that behavioral evidence was available for each case indicating the IPR process was effecting movement (a sample application of case study to criteria appears at the end of Chapter II).

CHAPTER II

DEVELOPING A RESEARCH MODEL FOR STUDYING CLIENT GROWTH

A problem which confronts all researchers in the area of counseling and psychotherapy are the difficulties involved in evaluating client progress or growth. Probably the most valid approach would be to follow-up clients after treatment is terminated to determine if their problems were solved and if a more adequate life-style resulted from the treatment they received. Such an approach could take years and so is unrealistic for the researcher who needs feedback so that he can modify his treatments to make them more effective. We arrived at our criteria for movement by defining characteristics of ideal client growth which might be evidenced during a series of counseling sessions, i.e., the criterion of progress for our research centered on the extent to which the client behaved as we would expect a client to behave who was improving rapidly and learning well in therapy or counseling.

Having defined our criterion, we still were faced with the problem of control in studies of acceleration of client growth. The amount of time involved in doing counseling or therapy and the paucity of qualified counselors--and clients willing to be observed--limits the number of subjects available for any research designs. While we recognize that large, classical experimental designs, employing representative random samples are to be preferred, our compromise was to make each subject his own control. This was accomplished by observing client behavior in therapy before and after application of IPR treatment. Such an approach would provide an immediate appraisal of the accelerating effect of IPR; eventual therapy outcomes or client success after treatment still had to be inferred.

In this chapter we describe a case study of the application of IPR in intensive psychotherapy, using a subject as his own control. Five variables which use common clinical concepts (insight, defensiveness, etc.)[1] of counseling progress were combined and applied as a rating scale. The subject in this case was a client suffering from mild to acute psychotic reactions. Opportunity arose for such an exploration in a closed-circuit demonstration of therapy involving a renowned clinical psychologist and the client, who will be referred to as George.

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[1] Subsequent to this study, we integrated criteria which we had developed into another scale--the "Characteristics of Client Growth Scale" and typically used both scales as criteria. See Chapter III.

The client's therapy, planned to be intensive but brief, was designed to be continued for approximately a 20-week period, the client being seen twice a week for an hour-long interview. Upon termination of this client's interview, his progress was considered excellent by his therapist in view of his past schizophrenic behavior. The sector in which IPR treatment was employed was the client's twelfth interview. An early application of IPR, designed to occur as soon as the therapeutic program would permit after the tenth interview, was chosen for the purpose of capitalizing on the following conditions: (1) an already rapidly moving productive therapeutic relationship, (2) a familiarity with the client's history and concerns, (3) sufficient time after application of IPR for the elaboration of the client's gains from the process, and (4) a "hard hitting", confrontive and aggresive therapist.

The first of these conditions provided an opportunity to answer the question, "If a highly productive therapeutic relationship exists, one in which progress has been very rapid, can IPR further accelerate progress?" A second question was, "What is the important stimulus agent in IPR." Is it possible that because the recall person is frequently more active, confronts more bluntly, and questions more freely than does the typical counselor, is the interrogator role the real "uncovering" agent in IPR? These and other queries will be answered in this chapter.

Ratings of change of five therapeutic variables were made by two groups of raters. The first group consisted of members of an advanced seminar in psychotherapeutic technique who observed the course of George's therapy on closed-circuit television at the time each interview occurred. They rated a sequence of seven consecutive interviews, the client's ninth through fifteenth. The middle session was the 20-minute interview which, unknown to the raters, was followed by the client's stimulated recall experience. The other six interviews were one hour in length. Following each interview the therapist joined the students in a discussion of the client's dynamics and of his own therapeutic tactics and goals. Student ratings were collected before each post-session discussion.

The second group of raters consisted of 15 graduate students in counseling. In the course of a single day these raters rated all seven sessions. The first 20 minutes only of each session was recorded on videotape, so all of the therapy sessions viewed were of the same length as the brief session which had been followed by IPR. With this second group of raters, discussion between tapes was limited to five minutes; ratings were collected prior to the discussions.

In order to understand fully the effects of IPR on this client and on the therapeutic relationship, a rather extensive case history is presented to the reader before the judges' cumulative ratings are discussed.

Case History and Therapeutic Themes Through the Eleventh Interview

George is an unusually bright, very well-read, unmarried, eighteen-year-old high school senior who is college-bound. His interests include serious literature, existential philosophy, history, and poker playing. He finds himself preoccupied with various religious topics and his intense relationships with peers.

His father was a World II veteran who, upon returning home, died of natural causes when George was two years old. His mother, a school teacher who holds a master's degree, remarried when George was six or seven, was divorced after four years, and remarried again when the client was 12 or 13. This latter marriage also ended in divorce. George has two younger sisters, ages 13 and 16, the elder a child of his father and the younger an illegitimate child arriving prior to the third marriage. His mother was hospitalized with serious emotional disturbances after her second and third marriages. She has used alcohol excessively but is not known to be alcoholic. George recalls little about his father or his mother's marital relationships other than vague memories of violent arguments and fighting.

The client's childhood was cluttered with a series of adult relatives who rapidly shifted him back and forth through their homes--two step-fathers, three sets of aunts and uncles, maternal grandparents--until at length, at age 14, the client was placed in an agency home where he resided at the time of this study.

Throughout his childhood George has interacted with adults who considered him a burden and who were hostile to him to the point of being physically brutal. Inevitably, he has had a history of problems with authority figures. His mother hoped that George would be a girl and has clearly communicated this wish to him. Nevertheless, he has constantly sought her affection over the years, always to be met with rejection and hostility. His need for tenderness and nurturance has been distorted through highly sexualized acting-out behavior with girls and prostitutes, relationships which have evoked both feelings of intense affection and hatred. George began drinking heavily during his fourteenth year and has since become an alcoholic. He has also tried marijuana but, because of initial toxic effects, discontinued its use.

George has made two suicide attempts. The first occurred at age 14 when his mother was committed to a mental institution.

The second attempt was made several months prior to this current therapy. The client has, in the past, resorted to similar intrapunitive and self-inflicted physical acts of a destructive nature.

First and Second Interviews

These sessions contained many painful memories which encompassed the client's formative years as well as recurring questions regarding his sanity, capacity to love, and his worthiness to receive love. For example, he had vivid recollections of his aunt's pleasure over the frequent spankings he received from his mother. At age seven, George became acutely aware of his mother's intense hatred. Five years later he realized she was mentally ill and he then "worried" that "I was going out of my mind". Shortly thereafter, he began to feel that his "bad feelings /though unexpressed/ can hurt", a feeling that he had since carried with him. Toward the close of the second hour he remarked that he wanted "to stop having my girlfriend because she doesn't love me"; he reasoned that "if I leave her alone, she might come to like me. . . . It's like suicide."

Third and Fourth Interviews

During the third hour George reported the first in a series of highly symbolic dreams which proved to be meaningful in disentangling his mixed feelings toward his mother and, in turn, in discovering that his angry thoughts and feelings are not, of themselves, destructive. The client's associations to the dream fragments dwelt upon the phrase, "one, alone, is responsible for his acts . . . There is no life after death. . ."

> THERAPIST: . . .You are afraid of death because, as a child, those around you did have power to kill you. . .You really want to be loved. . .Your feeling is the person you most wanted to love you didn't and so all your life you've been entangled in getting involved with women who don't love you. . .Your need is to prove that your mother wasn't bad not to like you, so you have to find girls who will not like you when you like them. . .and when a girl does like you that automatically makes you not like her. . . There is something peculiar about. . .a mother not liking her child—
>
> CLIENT: I feel like I've been dead a long time.
>
> THERAPIST: That's right, because when you can't feel, you are dead!

At this point the therapist requested that George "wish" him dead and "enjoy the feeling". The therapist interpreted the client's reluctance to follow this request as proof of the client's belief in the omnipotence of his own hostile thoughts. This interpretation, however, freed George sufficiently so that he could comply. During the fourth interview he exclaimed:

> CLIENT: You were right /referring to the above experimenting with anger/. I didn't think that I myself existed, that I had the right to express my anger toward people.

Fifth Through the Eighth Interviews

These hours were used in developing the major themes uncovered during the previous four interviews.

Through the both impersonal and angry treatment of his mother and relatives, George discovered the roots of his generalized fear of people in his larger interpersonal world. Coupled with this danger-fraught complex of feelings and attitudes he felt that, in some mysterious way, he had killed his father. With these new insights he reconsidered several aspects of his suicide attempts. At this time, he noted that he was beginning to feel some responsibility toward his friends: "You can't blame people for not likin' me too much...," Subsequent associations concerned dying, "being crucified" without knowing why, "like a man being tried before a court without being informed of his alleged crime."

The seventh hour disclosed the client's projected anger as a means of control over the potential destructiveness of his thoughts and feelings. While this theme was not new to his therapy (c.f., interviews three and four), he was able at this time to discover that this defense had protected him against deeper, more frightening feelings of hurt and helplessness in the hands of past significant adult figures, particularly his mother.

In the eighth interview George continued to deal with the feelings developed during the previous session--however, on this occasion working more extensively with the futility of his current attempts to gain love through intrapsychical punishment.

Ninth, Tenth and Eleventh Interviews

The client's sole concern during these interviews was essentially that of attempting to connect his intense feelings with his recognition of anger and, at length, love.

Through the ninth hour his restricted posture and distracted gaze betrayed mounting feelings of intense anger, verbally directed toward his family and past relationships with prostitutes and girlfriends. This content offered a bridge for new insight concerning his confusion of sexual intercourse with "getting killed".

The content of the tenth hour, coupled with George's increased physical restriction, suggested that he was becoming aware of his ambivalent feelings for his therapist.

> CLIENT: I had a dream within a dream. . .Someone was trying to strangle me [in the dreamed dream]. . .The stranger said to 'watch' so that no one would come in and strangle me.

The figures of the dream were identified as a priest who looked like the Communist, Trotsky, and the monster, Frankenstein. At this point George continued to associate to the initial fragment:

> CLIENT: . . .A chair in a room. . .a priest in a [another] chair. . .I think [indicating reservation] I like him more than any other man. . . .Trotsky. . . goatee. . .glasses. . .the man in the dream was a priest and a little fat but looked like Trotsky. . .he had a bulldozer. People in the town didn't like educated people.

The therapist identified Trotsky as himself, noting the realistic similarities between himself and Trotsky.

> THERAPIST: Glasses. . .a little revolutionary but doesn't act like a revolutionary. . .a little fat. . .You will get killed while I look on. . .You're also trying to destroy yourself.
>
> CLIENT: . . .I think I have a dirty mind [meaning his thoughts are 'bad. . .evil. . .horrible']. . . .The crime connected with sex isn't always trying to kill something, unless it's himself. . .which a lot of times is what I think homosexuality is. If a person is a homosexual he denies that there is anything he can love outside himself, and that is a form of self suicide.

Toward the close of the hour the therapist continued to interpret the fragments of the client's associations.

> THERAPIST: . . .Frankenstein is a horror story written by a woman [this metaphor was related to the client's associations about his mother in former interviews]. . . Homosexuality is self murder. . .You would rather destroy yourself than even consider the possibility, because

> you're scared of even thinking of anything that borders on it.
>
> CLIENT: Sometimes I wish that my father had loved me.

The client's affect was noticeably flat during the eleventh interview. Between sessions he had also developed a severe head cold. These two factors, in the wake of the difficult material of the last hour, betray George's depression. The following interchange supports this view.

> CLIENT: Most people destroy the things they love.
>
> THERAPIST: . . .You feel you destroy the things you love. . .
>
> CLIENT: You do if you try to consume them. . ., if you love them so much that you try to possess them they're going to hate you.
>
> THERAPIST: Let me tell you what I think you're dealing with. You see, when an infant expresses love towards his mother, that's a demand, isn't it, and you can't do very much more than demand. . .But if mama doesn't like you, what happens when you express that demand? She gets angry, she hurts you. . .So you feel that it was your love that was wrong instead of the fact that your mother couldn't take care of you. . . .When a kid doesn't have love from his mother, he turns to his father. Your father left you, hm? Your fantasy was it must have been your love turned toward him. . .so it was really true, your love can destroy. . . .You're smiling /now/, which means that it hurts.

Twelfth Interview--IPR Session

Overview.--While the client had had ample time to become adjusted to the immediate surroundings in which the added dimension of recall was to take place, he was not aware that the recall would be introduced at the close of the twelfth interview. The interview began as usual. After 20 minutes, the therapist announced that he would have to leave early to attend to an urgent responsibility.

At this point, broadcasting ended for the students (judges) who had been observing the sessions and rating the last three. When the broadcast ended, the therapist described IPR technique to George and asked him if he would be willing to engage in the process. The client agreed and the therapist introduced George to the recall worker. Not more than five minutes had elapsed between the end of the interview and the onset of recall work.

In order that the experimental variable, the IPR process, would not be confounded with a changed length of time in the therapy session, therapy plus IPR in the twelfth session were kept to a total of one hour in length, the amount of time the client would normally have had in his therapy interview. The interview consumed 20 minutes of the hour and, consequently, 40 minutes remained for the recall session. During recall, a total of only nine minutes of video material prompted all of the 40 minutes of client recall. Judges knew only that the session was over for today and left. At no time in the subsequent interviews did George refer to this IPR session while on broadcast. Just before the next session after IPR he told his therapist that IPR was "good" and that he would be willing to use it again.

Interview Content.--During the 20 minutes preceding recall the client seemed mildly depressed. He spoke about his mother's visit and showed the therapist a cigarette case she had bought him, ". . .as a gift". He made one passing reference to his sister--". . .Mother said she's /the sister/ concerned about me. . .that's a switch (client lifts left hand slightly). . ."--and told the therapist that his plans for summer vacation were still not *crystallized*.

Recall Content.--The client communicated freely with the recaller and his alert, rapid, and insightful responses indicated that he felt comfortable and rather secure with this new person. He accepted and mastered the recall task with great ease.

As noted earlier, a total of nine minutes of monitor viewing stimulated 40 minutes of client elaboration of feelings and thoughts. The recaller's verbal participation during the session was minimal; his remarks were few and stated parsimoniously--e.g., "What were you feeling then? . . .Can you push that a bit further?" There was marked added clarity and rapidity of George's speech during the recall, as compared with the 20-minute interview which preceded. This has, in our experience been associated with successful IPR impact. In this instance it was obvious that George was both somewhat shocked by what he was learning about himself and pleased to have made new discoveries.

The following excerpts and interpretive comments emphasized (1) that the client's imagery had been very rich but not entirely communicated to the therapist, (2) that he had worked through much of the material which had been covered by preceding interviews but had withheld reporting his gains to his therapist, and (3) that he had made a much stronger commitment to his therapist than he had been willing and/or able to admit. (He saw the therapist as omniscient--frequently rehearsing what "he would want me to do" prior to decision making.)

One of the client's intense reactions in the recall was clearly one of anger. In commenting upon the theme which he had developed during the interview concerning the circumstances of his father's death, he was certain that his grandfather was guilty of neglecting to care for his father properly during convalescence from his brain tumor operation. This reaction was closely followed by a strong wish for his therapist's approval of a visit he had contemplated to his mother during the summer. In the interview, his brief reference to the summer disguised this theme as an insignificant addendum:

> CLIENT: I guess I brought up the summer bit because I want to visit my mother—I know she doesn't love *me*, but I want to try again—I can't give up trying. . .[to get her to love him]. I want [the therapist] to tell me it's okay to go—but I'm afraid he'll tell me to forget it.

At this point he paused to note, parenthetically, that his feelings of depression and futility had "lifted" to the extent that he could now feel that others do care what happens to him.

Later, he returned to his feelings about his mother to note that he still wanted her to love him, stressing the thought that she should not love his sister (a feeling he had not explicitly verbalized before, because—

> CLIENT: . . .She [his sister] stabbed me in the back so many times. . .At times I could kill her [again, a feeling withheld from his therapist]. . .See, I raised my left hand—as if to kill her—with something or other in my left hand.

This was followed by a wish to punish his mother:

> . . .for the pain she caused me. . .Logically she doesn't need it [the punishment], but that's the way I feel. (Pause). . .She was trying to buy me with the cigarette case. . .I thought of prostitution for a moment [referring to himself for accepting the gift—a feeling he had withheld from his therapist]. . .before [referring to his childhood] she'd get me things but then punish me for them [new material]. . . .She could have bought me before, now she can't because *now I'm me* [an obvious reference to his new feelings of strength and autonomy].

With this comment he lapsed into new elaborations on material which had taken place when he was 13. He was caught stealing a belt and was panicked by the fear that the police would inform his mother which, he had felt, would have placed him completely on his own in separating him from her (a fear which he had not disclosed to his therapist).

Another new association was prompted concerning his interview comment, 'I can destroy people by loving them.' He related that because his mother could not love him, he did not feel 'guilty' for 'stealing' her money as a child--'If I couldn't get love, I took the next best thing.' (He had told the therapist that she had given him the money.)

The remaining few minutes of this recall session were used to develop evaluations which the client had made of his therapy to date, of which the following appeared most meaningful:

> So many things go on in my mind . . . . I see pictures . . ._have_thoughts but they are all mixed up . . . but /I feel/ that if I could . . ./sort them out/ . . . they would add up to one word . . ._ a key . . . which will be the answer /to my problem/ . . . .

An interesting hypothesis evolved from this recall session. Insofar as the therapist was well acquainted with many of the client's dynamics, it was possible to examine closely George's processes of rationalization and avoidance. During recall George pointed out where and how he had avoided revealing his 'real' thoughts to the therapist. Such admissions are typical results of IPR exposure. Usually the rationalizations or verbal 'cover' presented during the interview seemed to have an obtuse relationship with the real problem, i.e., they infrequently had direct relationship with underlying and unconscious concerns. During George's recall session, however, the relationship became clear and one could see how the cover, like one theme in an orchestral symphony, was harmonious with the underlying theme even though on first examination they appeared different.

Reactions to the IPR Session

Perhaps the best index for evaluating the client's reactions to the IPR experience is provided by his progress in subsequent therapeutic interviews. With this particular client, the following three sessions, 13 through 15, seem to offer direct evidence of personal change.

Thirteenth Interview.--The client's mood during the first part of this interview was an extension of his depressed state, which was seen to have developed over the past three interviews. However, later in the session--after making an interpretation (which will be discussed below)--he laughed freely and, from that point on, moved around in his chair in a typically adolescent manner.

This session can be characterized by the client's report on current progress in his extratherapeutic relationships. While it was rather flat in terms of affect, George's associations were more spontaneous and less structured than during previous interviews. This change is largely attributed to the therapist's new approach to inducing associations. (The therapist had reviewed the recall session with the interrogator shortly after the session. The recall data confirmed many hypotheses he had held about the client; in addition it suggested new ones to him, e.g., on recall George complained the therapist asked him to free associate his thought, '. . . I can't . . . I'm not having thoughts, I'm seeing pictures--I can't do what he wants me to do . . .') As George's reaction indicates, the therapist had formerly instructed the client to describe his thoughts and feelings 'without reservation . . . just let them come . . . remember there are no bad thoughts, no bad feelings.' Following the client's cue on this occasion, he merely requested that George describe the 'pictures' he saw. This innovation seemed to stimulate a continuous flow of material pertinent to his dynamics and concerns. Prior to the use of this technique the client had exhibited the more typical avoidance behavior, e.g., discussion of authors and their works, his personal like or dislike for various actors, current issues on the national scene, and so on.

Perhaps the most significant change in the client's behavior during this interview was his tendency to agree with his therapist's interpretations. In this same vein, he offered his own interpretations on extremely deep levels, e.g., '. . . my mother froze me--that's why I am rotten to girls.' It was after this interpretation that his laughter and increased movement appeared. A second insight developed from his recognition that he felt as if he were behind bars and was attempting to 'get out' through his attempts at writing, apparently a description of his recent attempts to communicate more meaningfully with his growing interpersonal world.

A few bits of new content did appear; however, it is not surprising to note that, in view of the depth of previous sessions, these fragments were highly reality-oriented. For example, he was preoccupied with a proposed visit he decided to make to his mother in the near future. He also noted that 'things in general' were improving for him at school in regard to his attitude toward teachers and education, that he anticipated making the honor roll at the close of coming semester. Lastly, he stated with a resolute tone that he wanted to stop drinking (he had not been drunk in several days and at the time of termination of therapy he was no longer troubled by drinking episodes).

Fourteenth Interview.--This hour disclosed rather dramatic evidence of new therapeutic growth. Continuing with the innovation of the thirteenth interview, the therapist requested that George talk about the 'pictures' (mental images) he saw. He described two mountains, a road between them, and a red sky and red tunnel.

> CLIENT: (In associating to these fragments) . . . Hate . . . I can picture somebody running up this tunnel--trying to kill something at the end. (Pause) When I get mad I /actually/ see red sometimes . . . . It makes me sometimes feel creepy . . . How far can you run? (Pause) . . . A beach . . . trying to put the sound of waves into words . . . listening to the waves and after a while I got scared (referring to a past experience).

This is the first occasion during which the client openly talked about an intense feeling, indicating a general lowering of defenses and a much stronger commitment to his therapist.

> THERAPIST: Why *would* waves scare you?
>
> CLIENT: . . . /*They*/ look like a hand.
>
> THERAPIST: Reaching for you.
>
> CLIENT: . . . Sometimes I think that if you die when you aren't asleep--when you're awake--it must be like a wave, you know. . . . You get a wave and then you're about half conscious and then another wave--it's like when I took those pills, I kept going back and forth. You feel like you're floating--and then, you're gone.
>
> THERAPIST: . . . And you committed a crime and why weren't you caught? I think that you have a feeling, why weren't you killed instead of your father. Somehow it should have been you instead of him? And somehow, also, his love killed him.

George registered shock as he now recalled seeing his father sitting on the living room couch with his face in bandages, a sight which scared him. The client could not have been older than two at this time.

> **THERAPIST:** Let's go back--how did your father's love destroy him, George?
>
> **CLIENT:** My mother . . she was sick, she couldn't love him. There was nobody around to care for him. His mother--if he had been around my grandmother, god, he was better off dead! . . . It's like lovin' things when they can't love in return!

While many aspects of this thought have been considered before, the level of feeling here was far more intense and suggested the formation of new insight regarding his early relationship to his mother.

> **THERAPIST:** You're kind of afraid that your love for your mother will kill you too.
>
> **CLIENT:** I don't know (said as though he was giving this thought great consideration).

George continued to work with this theme, again contemplating that "a key" to his problems might be found. At length, he noted with firmness:

> **CLIENT:** You can kill somebody by refusing to hate it, just like refusing to love it--you can freeze 'em out.
>
> **THERAPIST:** Which did your mother do to you?
>
> **CLIENT:** She froze me out!
>
> **THERAPIST:** You must have hated her for it--you must have wanted to kill her for it . . .
>
> **CLIENT:** That's why I enjoyed being rotten to girls: . . . The only part of love that was fun was sex.

At last the major elements of this and several previous hours fell into a meaningful order for the client. It is interesting to note that the client's feelings were far more available to him and, given this advantage, he was able to separate his needs for sex from needs for and fear of tenderness and love for the first time.

Fifteenth Interview.--During this session the client communicated freely and with great relish. His reactions were spontaneous, rapid, and clearly contained a depth of feeling unprecedented in his therapy. The hour was also marked by a still lower level of defensiveness and several fresh insights. The interaction was punctuated by bursts of laughter on the part of both client and therapist.

George's Oedipal conflicts were also brought into sharper focus than ever before. Instead of avoiding the therapist's probes in this area, as he had in the past, George reflected freely.

> CLIENT: When I was a little kid, I'd never dream of letting this come out.
>
> THERAPIST: Mm-hm.
>
> CLIENT: But--the idea was there-because she'd say, 'He's my little man,' you know, and 'you're the man of the house,' and that conveyed a meaning of masculinity or something you were supposed to be--which at the time I wanted to be but couldn't. . . . I was always jealous of anyone, like my step-fathers . . . . I couldn't understand why she persisted with this, because at the same time she wanted me to be something I couldn't be and yet, yet all the time this--ah--mental, mental cruelty, that's the word for it. . . . All the girls I've went with--(he listed four)--ah, I was afraid of loving them. But I wanted them to love me.

The client continued to make an even broader distinction for himself between needs for tenderness and physical sex.

Sixteenth Interview.--Most of this session was spent reworking themes brought up during the past few sessions. Toward the end of the session George made subtle but definite movements in expressing his anger toward the therapist. At one point he noted, "I would really get angry if anyone called me a 'mother-_____'" which, in effect, is what the therapist had "called" him. It was as though the client were preparing the therapist for the depth of anger of which he was capable and at the same time exhibiting a willingness to examine the transference he had developed toward the therapist.

Student Ratings of Change on Five Therapeutic Variables

Two groups of post-master's degree students in clinical psychology or counseling witnessed these seven therapeutic sessions. The first group watched each session in full as it actually occurred on a bi-weekly basis. The second group watched videotapes of the first 20 minutes of each interview and was shown all the tapes during a single day. A rating instrument of five items was devised. The instrument required that the rater check on a five-point scale changes in therapeutic process and client behavior compared to the previous session. A typical item is the following:

(a) Compared to the last session, the client's ability to gain insight has

________markedly lessened
________lessened somewhat
________remained the same
________improved somewhat
________improved markedly

Other items focused on level of defenses, ability to experience feeling, ability to relate to the therapist, and on the overall therapeutic relationship. The items were selected as being important concomitants of therapeutic growth which might be affected by IPR stimulation.

The five responses on each item were assigned a score ranging from -2 growth points for markedly lessened to +2 growth points for improved markedly. The emphasis on "change compared to the previous session" enabled comparison to be made between consecutive sessions and the resulting cumulative growth points could thus be plotted graphically.

The two groups of student raters were asked to cooperate in an attempt to measure change in client behavior during therapy. Neither group was informed of the interposing IPR experience in order to avoid special sensitivity to improvement just because some kind of experimental treatment was given. Sessions nine through 15 were rated, session twelve being the brief interview with the therapist which provided the videotaped content for the client recall. For the twelfth session, the first group of raters were informed that the therapist had to terminate the session early, and since the second group of raters saw only the first 20 minutes of each session, no explanation was needed because the IPR session was thus the same length as all of the other sessions shown to them.

Rater Groups

In the first rating group only four of the 14 people enrolled in the seminar were present at all rating sessions. The ratings of these four students were averaged to give a graphic trend of the five variables over the seven sessions, as shown in Figures 2-6.

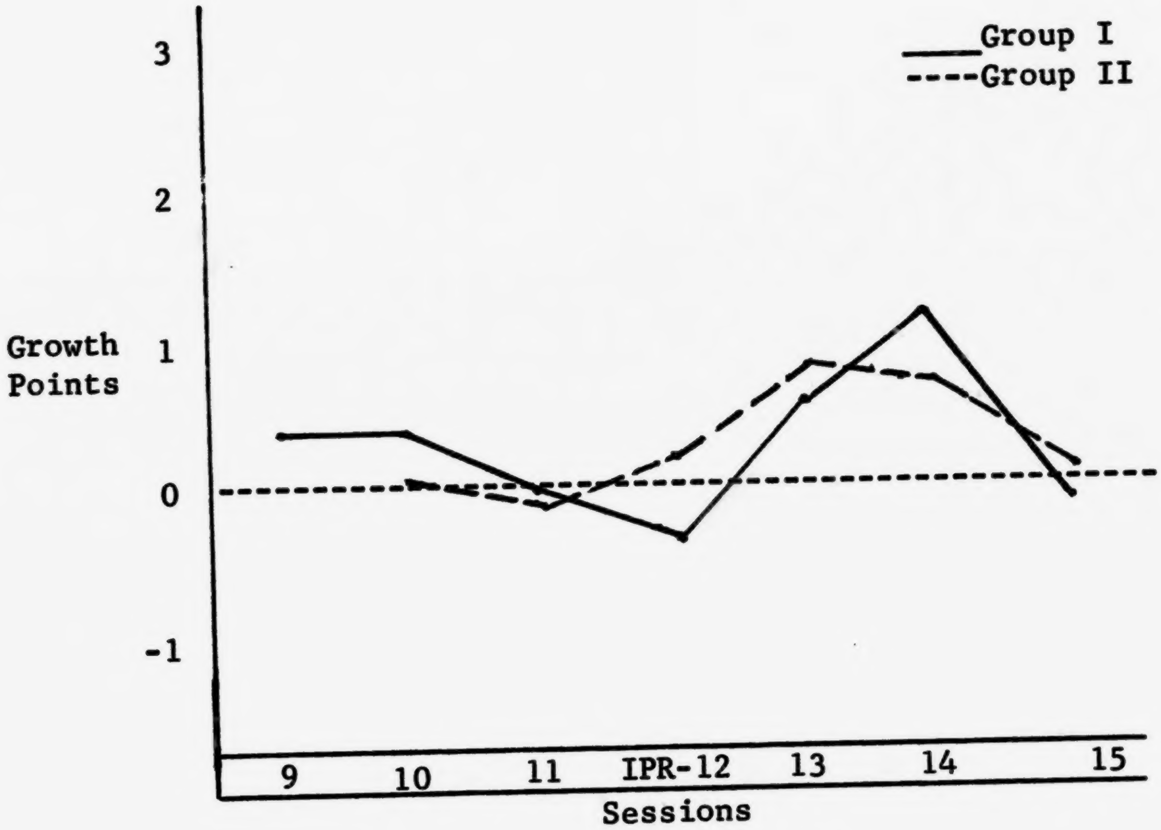
The second group, 15 post-master's students in counseling, were not enrolled in the seminar. This group was not previously acquainted with the client or with the therapist's goals and tactics as was the first group. They saw all sessions in the course of a single day. Each viewing was followed by only five minutes of discussion among the raters after they had rated the session. The experimenters provided information, on request only, about the client's case history or the therapist's stated or published position on goals and techniques in the treatment of seriously disturbed clients. The ratings of these 15 students, arranged to give a graphic trend of the five variables over the seven sessions, are also shown in Figures 2-6.

An increment of one growth point on the graphs corresponds to an average rating of improved somewhat, an increment of two growth points to a rating of improved markedly. A line of zero slope indicates no change in the variable.

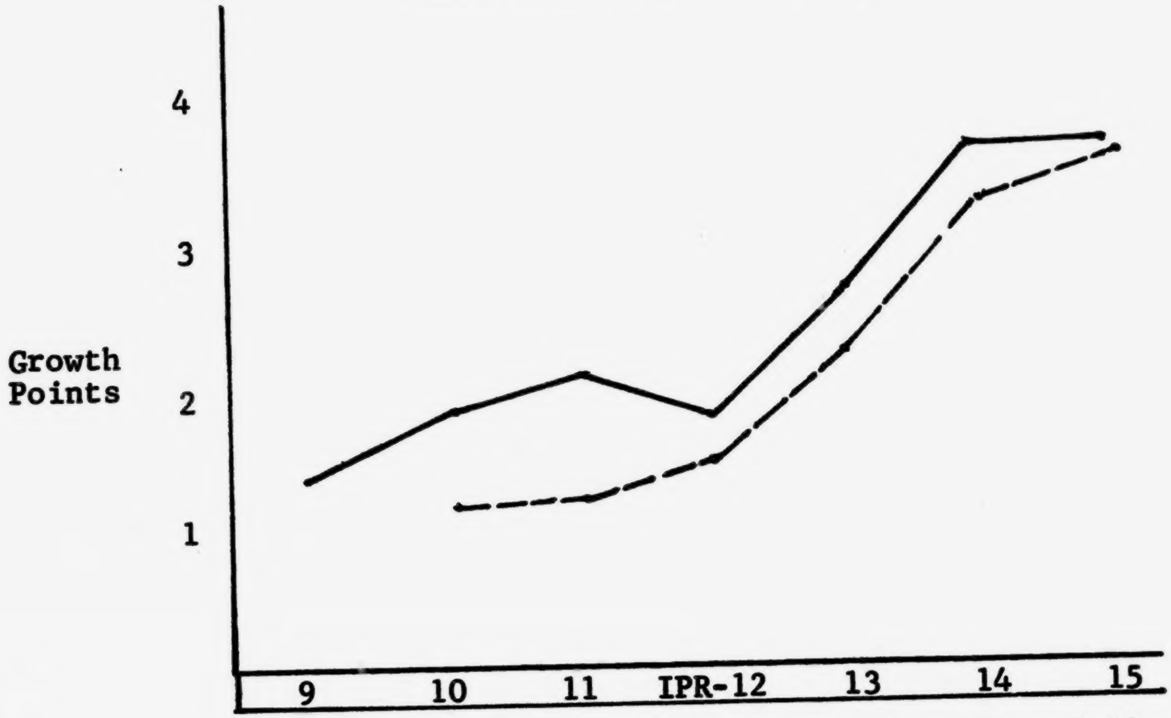
Although interpretation of these graphs must be made with restraint because of the time interval between ratings (for group 1) and the intervening discussions (in both groups) they do tend to support the claims for post-IPR improvement. For the first rating group, session 13, immediately following the IPR, follows an average trend in specific therapeutic variables, and shows minimal change in the overall therapeutic relationship. Session 14 emerges as an outstanding therapeutic hour, showing great improvement in insight and in ability to relate to the therapist, with considerable lowering of defenses and marked improvement in the overall relationship. Session 15 reflects a decline from the peak productivity of the preceding hour, but maintains the general trend of upward progress in therapy.

On all five items the greatest growth was seen by Group 2 in the post-IPR session (the 13th), with a strong increase also in the following session. This differs from the ratings by Group 1, which saw the fourteenth session as outstanding. Group 2, however, saw only the first 20 minutes of a 50-minute session, and while the first portion of the post-IPR session proceeded on a very deep level, the client suddenly became more reality-oriented. This suggests that it may have been the content of the latter part of the tape which caused the differences rather than the bases on which the two groups judged change.

Figure 2 Client's ability to gain insight--ratings by two groups

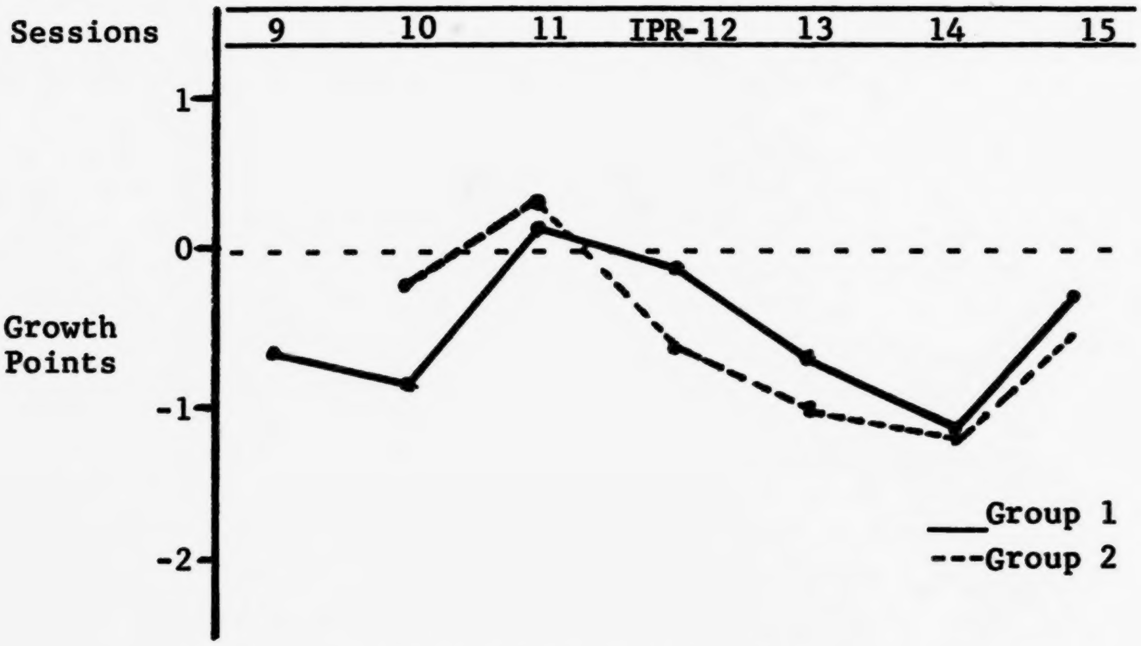


Individual Session Ratings

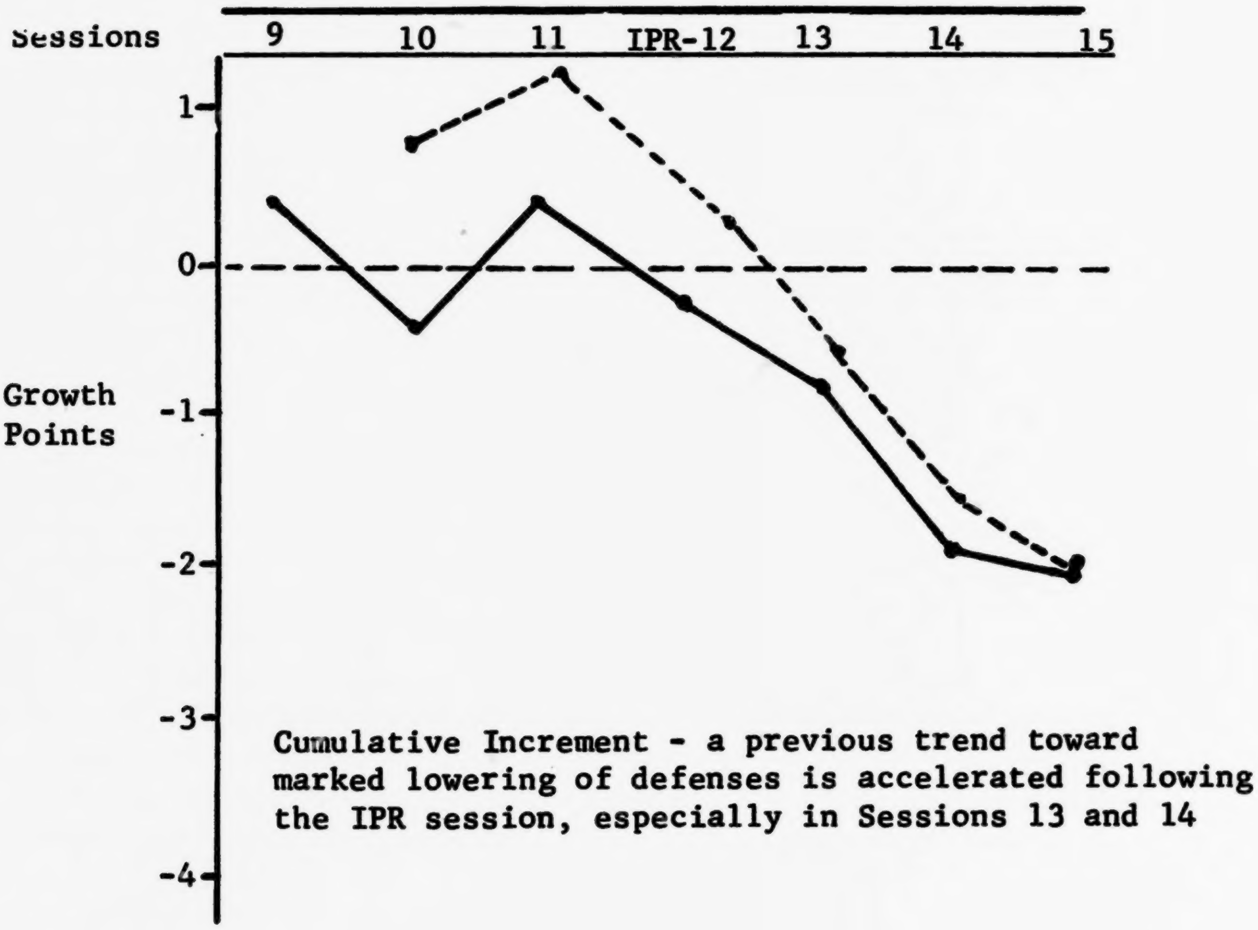


The greatest changes occur in Sessions 13 and 14. Ability to gain insight has markedly improved following the IPR session.

Figure 3 Client's level of defenses--
ratings by two groups

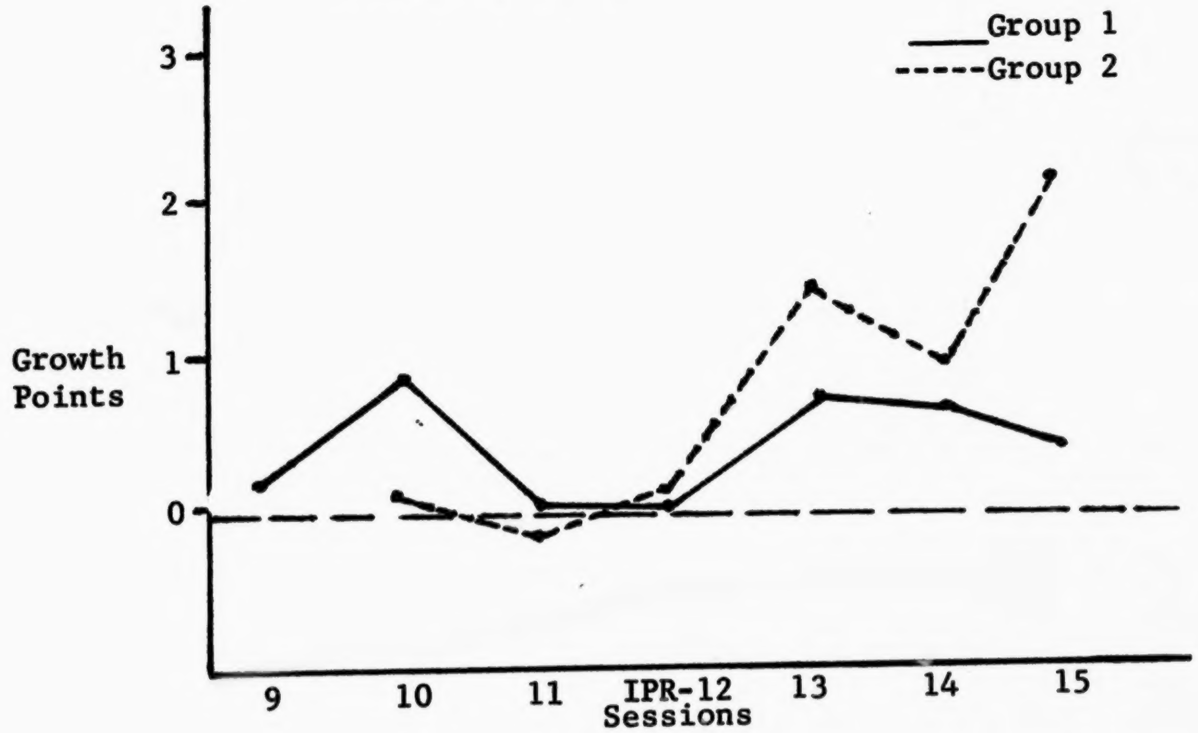


Individual Session Ratings

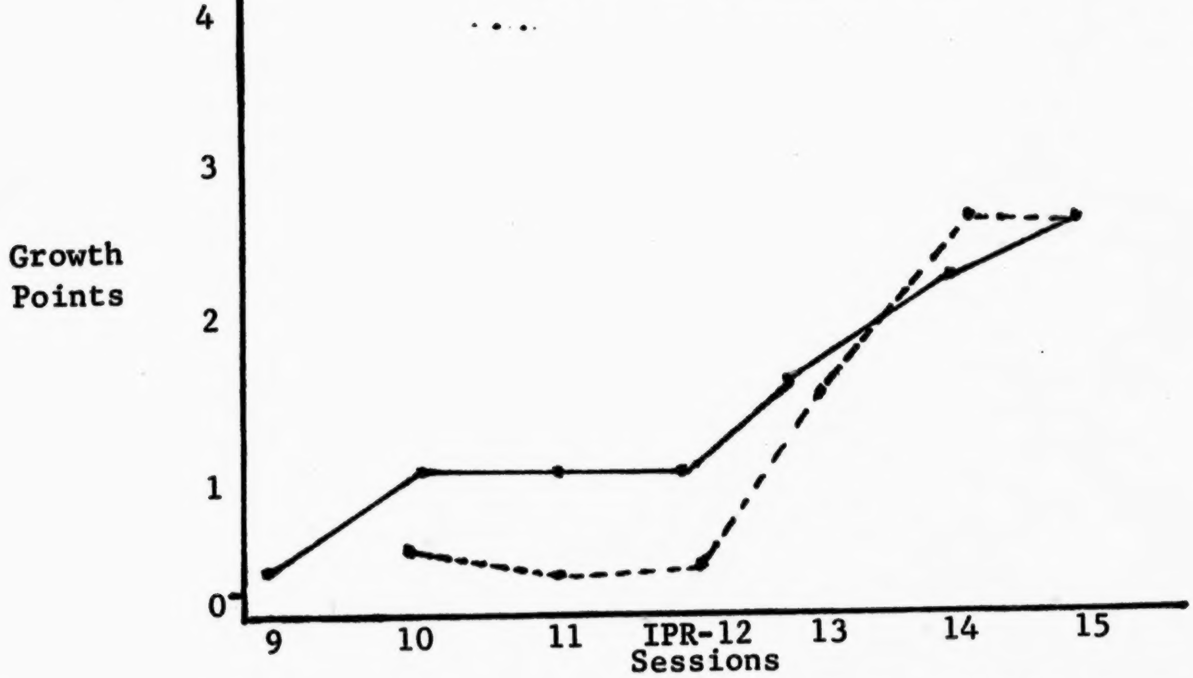


Cumulative Increment - a previous trend toward marked lowering of defenses is accelerated following the IPR session, especially in Sessions 13 and 14

Figure 4 Client's ability to experience feelings--Ratings by groups



Individual Session Ratings



Cumulative Increment: an increase occurs in this variable, particularly in the sessions following the IPR.

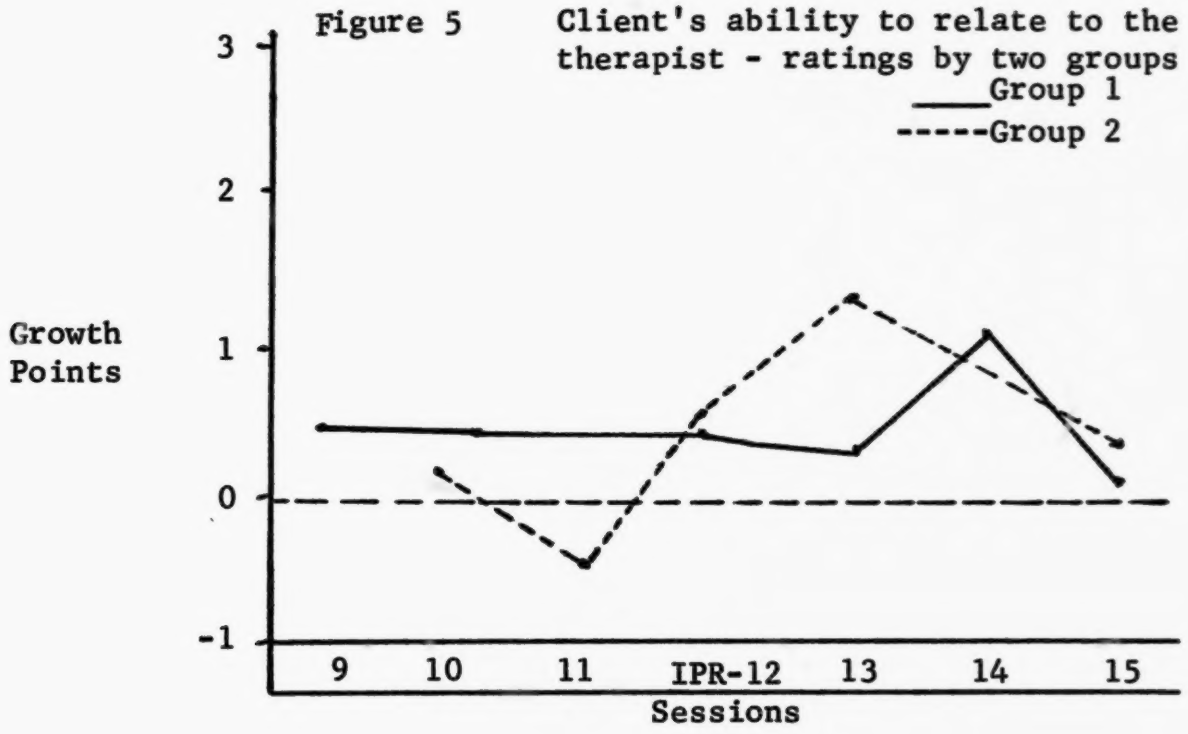
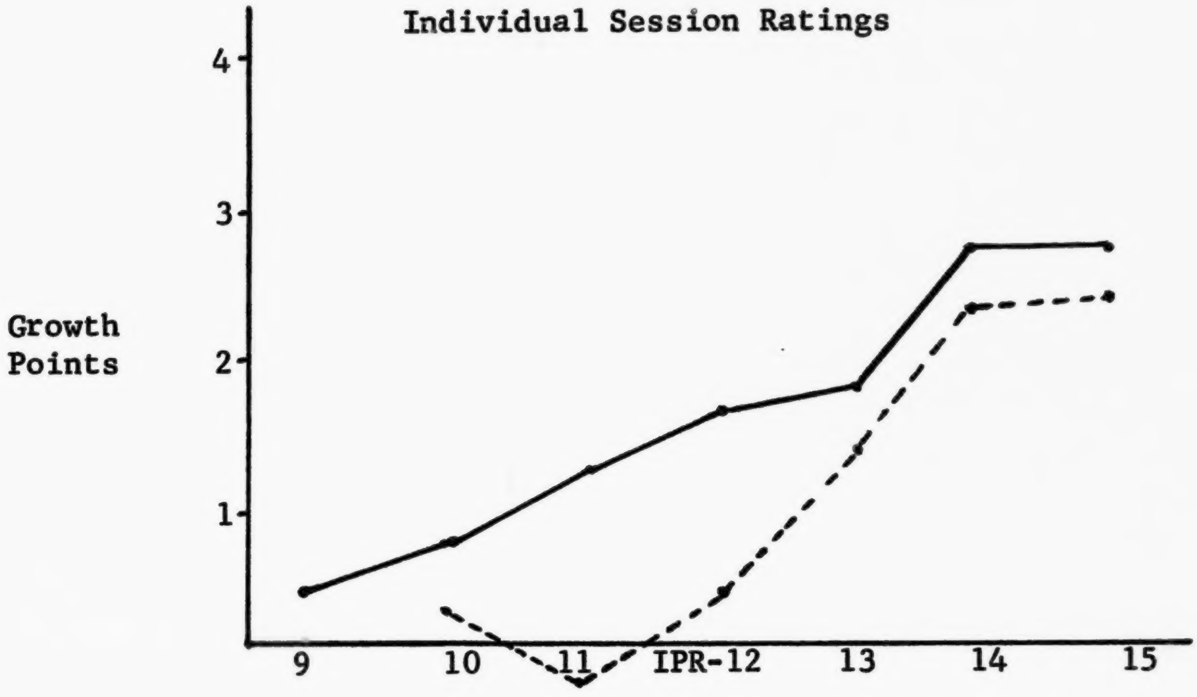


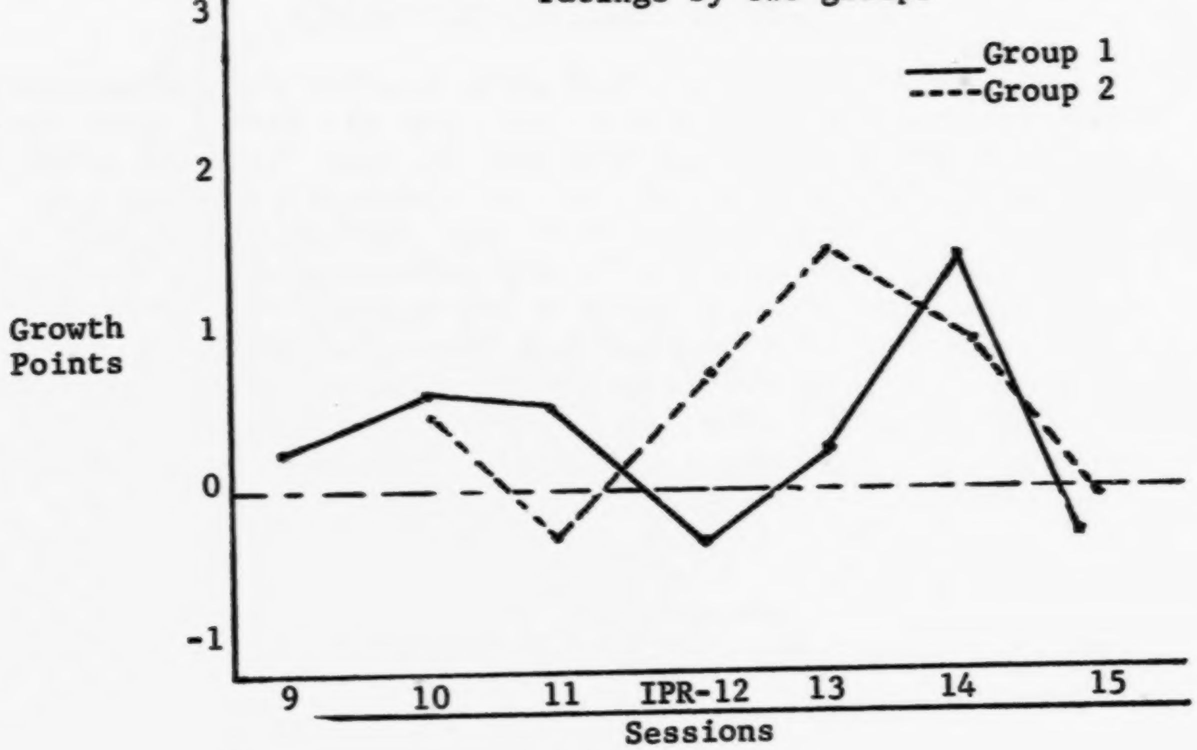
Figure 5 Client's ability to relate to the therapist - ratings by two groups



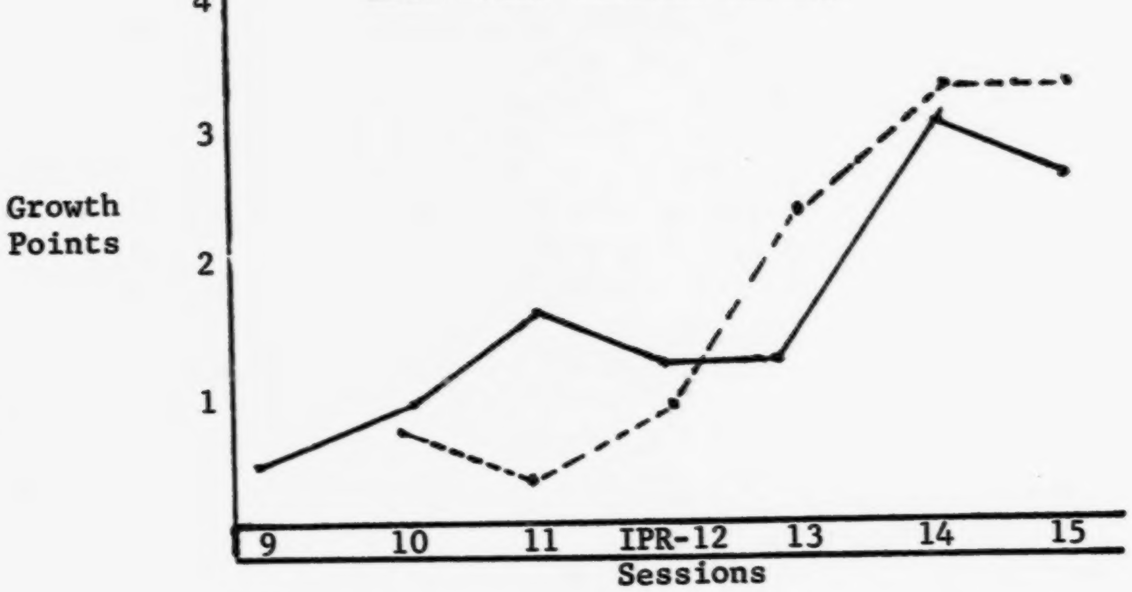
Individual Session Ratings

Cumulative Increment: an upward trend occurs, with the largest increment occuring in session 14.

Figure 6 Overall therapeutic relationship ratings by two groups



Individual Session Ratings



Cumulative Increment: marked improvement occurs on this variable following the IPR session

Conclusions and Implications

The heightened psychological clarity and forcefulness observed in George's behavior following his recall experience is a phenomenon which has been seen in less disturbed clients undergoing IPR stimulation sessions. George's case gave us fairly clearcut data. While in some ways it may be said that George represents the "ideal" client--with his intellectual brightness and strong motivation for personal change--post-recall gains of similar magnitude have also been noted in clients of average intelligence and with a moderate degree of commitment to counseling or with minimum commitment. Therefore, George's post-recall interview behavior is seen as representative of the effect of recall stimulation on many clients participating in IPR research to date. With this in mind, then, we will now analyze his post-recall behavior in an attempt to sift out any existing pattern which may result from IPR stimulation.

The reader may recall that the client was experiencing a prolonged, moderate degree of depression over the two-week period prior to his recall session. While he was working with the recall person during the twelfth hour, his depression showed indications of lifting as he was stimulated to vent intense feelings of anger, described earlier. The residual of his depression was carried over into the first part of the thirteenth therapeutic hour (the first post-recall interview) but, as the interview continued, the depression gave way to new spontaneity such as would be observed in the behavior of the typical adolescent. This new freedom was accompanied by fresh insights and a higher level of acceptance of the therapist's interpretations.

The fourteenth therapy hour (second post-recall interview) revealed strong evidence of new psychological gains as George openly talked about his intense feelings (now with his therapist in contrast to the recall person). This increased willingness to discuss his feelings in the presence of his therapist seems to have been the result of the recall stimulation which released the client from his prolonged depression and caused a concomitant integration of past painful experience. Thus, while recall did not enable the client to integrate his past in any global sense, it did serve to break up a restricting psychological set and so to initiate a new, healthier psychological direction in his therapy. As a result, new insights frequently evolved with therapeutic intervention during this fourteenth interview as well as an improved level of communication and clearer speech pattern. Moreover, the seminar judges who were rating variables of this interview volunteered that the five-point scale being used was at this time inadequate, because of its low ceiling to rate properly the client's marked progress. One student used an infinity rather than attempt to count the frequency of acceptance of therapist's interpretations. Other students making judgments offered similar comments. The heightened quantity and quality of client behavior on nearly every therapeutic variable appears to have been an outgrowth of the client's and therapist's independent gains initiated by the recall session. Thus, in a general sense, George's depression was considerably relieved and he could, consequently work more freely in evaluating his past behavior and feelings while observing himself on the monitor screen. Moreover, his therapist, in studying this recall session, was able to both correct and improve several of his technical approaches to George, as notably seen in his subsequent innovation in stimulating the client's associations (mental "pictures").

The fifteenth hour (or third post-recall interview) was characterized by a sustained and higher level of spontaneous communication, and a lowering of defensiveness, and fresh insights. Again, the client's psychological freedom, initiated during recall, continued to affect the therapeutic relationship. The outstanding new quality of this interview was the heightened openness in communication between client and therapist, as evidenced by the appropriateness of the client's feelings and his expanded psychological availability to his therapist.

The sixteenth hour (fourth post-recall therapeutic interview) appeared to be a natural result of the preceding three interviews. George's affect was equally available to him as he began to entertain feelings of subtle anger to a more conscious extent toward his mother and therapist. Further, insofar as so much new material had developed during his post-recall interviews, it is not surprising that past therapeutic themes were reworked during this session. From this interview onward, new themes continued to arise as the client's movement progressed at a rapid rate.

Post Recall Pattern

Thus, the above analysis of George's post-recall movement, coupled with similar instances of client gain from various situations of IPR stimulation, suggests the following post-recall pattern: (1) the first post-recall therapy interview is typically characterized by new insight and, at times, also accompanied by mild depression stemming from previous counseling interviews and from the shock effect of recall stimulation; (2) the second post-recall interview is frequently improved communication, a clearer speech pattern (in some clients), and a heightened quality of spontaneity between client and therapist; and (3) the most pronounced feature of the third post-recall interview is an even greater availability and appropriateness of client affect--not infrequently, this same feature may also be observable in the therapist.

This pattern of resulting gains suggests that this form of stimulus intervention has broad application in the counseling and psychotherapeutic treatment of clients experiencing a variety of personal difficulties with various degrees of severity. The case presented in this study infers, as do others reported in this volume, that even when an excellent therapeutic relationship exists and is yielding extensive gains, progress may be accelerated by means of IPR recall. Also inferred is that recall stimulation (even when limited as in this case study to 40 minutes) can foster growth which is sustained and utilized over time (excluding the lower portion of the mean), and with a commitment to counseling or psychotherapy ranging from moderate to intense.

Therapist's Postscript

The reactions of George's therapist to recall stimulation support the value of IPR intervention. Specifically, he felt that (1) it confirmed the efficacy of the interpretations which he had been offering the client, that (2) it enabled him to discover that George had been making many self-interpretations of ongoing content which George had not communicated (this became especially evident during the first and second post-recall interviews), that (3) this new knowledge of George's uncommunicated self-discoveries encouraged the therapist to pursue fruitfully specific dynamics with greater specificity and effectiveness during subsequent post-recall interviews (e.g., regarding the sexualization of tenderness and dependent needs as observed during the fourteenth hour), and, finally, that (4) through observation of the recall session, the therapist was prompted to develop and employ specific technique innovations to great advantage (e.g., requesting George to "talk about" his mental "pictures" rather than the standard approach of free association).

The therapist also volunteered that, as a result of observing his client in recall, he felt compelled to modify his therapeutic style with clients presenting similar personal characteristics to those of George. The most noticeable change seen in subsequent interviews with this client was that the therapist decreased his level of aggressive activity insofar as he was now made aware of George's sustained high level of commitment to personal change.

This modification prompts a final question regarding which variable in the IPR process--the recall worker or therapist--has the most influence upon client insight. Is it possible that because the recaller is thought to probe more actively, confront more bluntly, and question more freely than does the counselor, that the recall person is the actual "uncovering" agent who most promotes client insight in IPR? While a more definitive answer to this question must await further experience with IPR technique, it may be stated that the recaller's approach to George was "mild" when compared with the therapist's highly probing, direct, and interpretative style-- even after its modification.

Effect of IPR in the Case of George

Which of the four characteristics of client progress (discussed in Chapter II)seemed most influenced by IPR? From the taped material, we conclude the following:

1. The client owns his discomfort--admits the feeling of discomfort and begins to specify the locus of concern, fears, and discomfort.

   There was an excellent therapeutic relationship already established by the time IPR was used. George was clearly convinced that the locus of his concern was within himself. IPR did serve to sharpen some latent concerns and bring them to the surface--for example, George's conflict over a contemplated visit to his mother and his desire for the therapist's approval.

2. The client commits himself to change--cooperates rather than resists the efforts designed to change him.

   Although George was well motivated to cooperate with the therapist prior to the IPR session, both the ratings of two groups of judges and examination of the protocol suggest that IPR had a major impact on motivation and openness of communication. While in earlier sessions, George attended to the therapist's interpretations, following IPR he verbally "tried on" the interpretation. Instead of listening and nodding, or just listening, he now accepted and elaborated on the therapist's interpretations, thereby initiating new directions for therapy.

3. The client differentiates stimuli--learns to perceive more and more of the stimuli surrounding him--reacts to these as discrete rather than sterotyped factors.

   Here IPR seemed to help effect a major breakthrough in the therapy process. Both George and the therapist gained insights from the IPR sessions. Prior to IPR, George often shrugged his shoulders or attempted to illustrate his feelings through elaborate flights into lengthy narrations of past events; after IPR, he seemed better able to "identify" and describe his thoughts, feelings, and visual imagery--for example, the increased availability of feeling enabled George to distinguish, for the first time, between his needs for tenderness and physical sex. The therapist learned to allow George ample time to answer his questions. After the therapist learned the extent to which George "saw his pictures" he added questions about George's visual imagery to his repertoire of leads.

4. The client behaves differently--reporting new behaviors outside the counseling relationship as well as trying out new behaviors with respect to the counselor.

   After the IPR sessions, George reported that he wanted to stop drinking and that he had not engaged in heavy drinking for several days; however, with only one IPR session in a series of very successful therapy sessions, this could well be coincidental.

   Ratings of the post-IPR sessions by two groups of judges indicated new behaviors in five areas: ability to relate to the therapist, ability to experience feelings, level of defensiveness, ability to gain insight, and overall therapeutic relationship.

These modifications in the relationship between George and his therapist were the most dramatic changes which occurred. They immediately followed the IPR session and so appear to be attributable to it; however, replication is needed before such a conclusion can be confirmed.

CHAPTER III

IPR IN SHORT-TERM COUNSELING

In light of case studies involving therapists using the IPR technique, we concluded that the use of IPR in counseling facilitated client progress. Given such positive clinical data would the effectiveness of the technique be validated through more controlled research? Would counselors-in-the-field without access to the elaborate facilities of the research project be able to use the techniques effectively? In an attempt to answer these questions, a controlled experiment was undertaken at the State Prison of Southern Michigan at Jackson (SPSM). An invitation to the Project staff to use IPR to assist prison counselors in becoming more effective in their counseling and to devise new ways to accelerate client progress provided us with the opportunity to be of service to a state agency and at the same time to conduct controlled research. The SPSM at Jackson,one of the largest penal institutions in the country, was equipped with video equipment, personnel to operate the equipment, and other physical facilities needed for our entire program.

Study I

Sample: Thirteen counselors and inmate-clients were involved in this study. The counselors came from a variety of training and educational backgrounds. Most had completed or were working on Bachelor of Science degrees in one of the health-related professions, and a few had graduate training in counseling or a related field.

Instrumentation:

Two scales were used by judges[1] in rating the videotapes. The first (Scale A) was the scale devised for use in the study described in Chapter II which required the judges to rate clients on each of five dimensions traditionally considered related to client progress in counseling. The five dimensions were:

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[1] The prison counselors were used as judges for convenience, but also because many of them had previously been employed in other capacities in the prison before becoming counselors. In general, they represented a 'tough' jury for measuring client growth because they tended to be skeptical about inmate potential for growth and change.

1. The client's ability to gain insight,
2. The strength of his defenses,
3. His ability to experience feeling,
4. His ability to relate to the therapist, and
5. The overall therapeutic relationship.

These dimensions were presented to judges in the following format.

1. (a) Compared to the last session, the client's ability to gain insight has

________ (1) markely lessened = +2

________ (2) lessened somewhat = +1

________ (3) remained the same = +0

________ (4) improved somewhat = -1

________ (5) improved markedly = -2

The second scale (Scale B) is the one we devised to measure client progress (discussed in Chapter I). This scale required judges to rate clients on each of the following four characteristics:

How much evidence of this:
Much Some Little None

1. The client owns his own discomfort.
2. The client commits himself to change.
3. The client differentiates stimuli.
4. The client behaves differently.

Procedure

In the initial design the traditional IPR format of interview followed by client-interrogation was used. Each prison counselor conducted five one-hour counseling sessions with a single client. The first 15 minutes of each session were videotaped. Following 15 minutes of counseling in one of the five sessions (selected at random) the client was interrogated for 45 minutes by a member of the IPR staff. (This is the same format described in the preceding chapter.) After each counselor had completed his five sessions, each of the five videotaped interviews was viewed and rated by the group of prison counselors.[1] At the completion of the study, 65 fifteen minute segments of counseling sessions had been videotaped.

Results

Comparisons of sessions according to judges' ratings on the two scales did not show significant differences (at the .05 level) in movement for counseling sessions following IPR client-interrogations and sessions which did not.

Discussion:

Our failure to find that IPR contributed significantly to client movement was most perplexing. In our previous research, clinical observations and observable behavior changes had consistently supported the potency of the technique. Adding to our perplexity were the observations of project staff with regard to the inmate clients with whom they had worked: all felt that the interrogation sessions seemed to have helped the clients identify a variety of underlying dynamics within the counseling relationship. So...what went wrong?

We began by examining videotapes of the counseling sessions before and after the IPR session. We observed that the counselors had not changed their own counseling behavior, which we could expect if they had learned anything from listening to the recall of their client, but instead continued to exhibit the 'negative' behaviors described in the Counselor Verbal Response Scale (see Section 2, Chapter 2). They continued cognitive, superficial discussion with their client, they did not understand nor did they try to communicate understanding of the affective components of the client's communication, they were vague in dealing with what client behaviors they did perceive, and their communications with the client tended to discourage exploration into underlying feelings. This was extremely frustrating for the interrogators: "I had a beautiful session with a client--he really opened up about what his relationship with the counselor meant to him--the different things he was hiding and ashamed of--and the counselor made no use of this information.' It also appeared frustrating to the inmate client, having become motivated in recall to grapple with his feelings with the counselor, to have the counselor ignore his efforts and begin the session with his old line of questionning-unaware of the client's readiness to delve deeper. The result was often a client relapse into a cognitive, defensive interaction with the counselor. It was obvious to us that client behavior became a response to counselor behavior, and that we would somehow have to alter-not just client insight and readiness-but counselor behavior as well.

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[1] The counselor was asked not to reveal which of the sessions had been used for recall, and of course, he did not rate his own client.

In our section on counselor education, we stated that essential in the process of becoming an effective counselor was the counselor's becoming aware of and sensitive to his own feelings during the counseling session, and also to the nature of the counseling relationship itself. Under no circumstances did the prison counselors make use of their own relationship with the client as an example of the client's typical interpersonal behavior. In fact, it appeared that the counselor did not share the client's willingness (after recall) to change their relationship, i.e., to relate on a deeper, more honest basis.

One of the facilities used in previous research but not available at SPSM at Jackson was a one-way screen. The lack of such a screen meant that counselors could not observe the interrogation sessions. This led to the counselor's inability to understand some of the subtle communications made during the recall, i.e., without visual aid it appeared the counselor often missed the meaning of many communications and reactions of the client to the interrogator. Because these counselors were not as experienced or as expert as were most of the counselors in our case-study research, it may be that the recall material was subtle or confusing to them. It is possible that they needed to somehow be more actively immersed into the recall data and in general to have more of an opportunity to identify with it and learn from it. The counselor would also have to overcome some of his own resistance to open, honest communication with the client--especially in regard to his own relationship with the client.[3] In addition it was obvious that any insight which developed via the recall technique would have to be very clearly understood by the counselor.

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[3] It has been our experience that this 'use of self as case-in-point' is one of the more difficult facets of counselor behavior for counselors to learn.

Conclusions:

On the basis of this study, it appeared that simply providing the client with insights into his interactive behavior with his counselor would not alone accelerate movement in counseling. In the research described in previous chapters, the therapists were, for the most part, familiar with and enthusiastic about the development and use of IPR. We had observed that client recall generally led to modified behavior on the part of the therapist--especially with regard to the qualitative level of his communication--but we had assumed that this was a natural and necessary phenomenon. Could it be that the material gained through IPR was potent for producing accelerated growth only to the extent of the counselor's ability to understand it and motivation to use it?

Study II

How could we help the counselor help his client? It occured to us that if the counselor remained in the room during the recall session he might learn more. It also occurred to us that the video tape and the presence of the interrogator offered us opportunity to attempt to influence a relationship between two people--a more honest, open relationship--between counselor and client. We devised the following system:

Instead of leaving the room, the counselor sat in with the client and interrogator, but he sat behind the interrogator and client. The interrogator explained the IPR process and initiated a recall session with the client. After the client began talking freely and to the interrogator's satisfaction, the interrogator found some convenient point to turn to the counselor and ask if the counselor had suspected that the client had felt the way he claimed to have felt. In this way the counselor was encouraged to join in the recall session. Eventually the interrogator suggested that counselor and client sit side by side and that he (the interrogator) 'move to the rear' and stay out of the conversation, except to keep the two from 'wandering too far astray.' Counselor and client now proceeded to tell each other what they were "really" after from each other during the session. Typically, the counselor seemed able to 'level" with the client about the hunches he had had and the client usually leveled about the ways in which he avoided cooperating with the counselor. The interrogator, with the aid of the televised session, had thus set in motion a more honest discourse between two people. At the end of the first such session, the counselor and client appeared to be communicating with each other at greater depth and were reluctant to leave the studio. The interrogator left, and the counselor and client engaged in what was clearly a productive session. The videotape made of this session seemed to reflect not only client growth but counselor growth as well.

This new use of the interrogator-starting the recall, then involving the counselor, and finally becoming less and less active himself-we will describe in this and the following chapter as 'mutual recall.'

The same counselors were used in this study as described above; a different inmate-client was assigned to each counselor. Each counselor held three 15 minute counseling sessions with a single client, with a half-an-hour break between each session. (In this study the counseling sessions were held immediately after the experimental treatments, rather than a week apart.) Following either the first or the second counseling session (selected randomly) the client and counselor were joined by a member of the IPR staff who served as the interrogator in the so-called 'mutual' recall session.

Follwoing the session for which there was no videotape recall, a placebo treatment was instituted which consisted of no T.V. playback but a discussion between client and interrogator about the meaning of the client's relationship with his counselor. This treatment was used to control for any changes in client growth which might occur because of the interaction between the client and staff-interrogator. When each counselor had completed his three sessions, each of the three 15 minute interviews was viewed and rated by prison counselors, as in Study I.

Results:

The results of these ratings are reported in 4.1 and 4.2. A t test for paired samples was used to compare differences in client behavior after the IPR recall session and after the placebo treatment.

Table 4.1 (Scale A) Comparison of mean change in ratings of client behavior along five dimensions after IPR and after placebo sessions.

Dimension	Change After: Placebo Session	IPR Session	t ratio
1. The client's ability to gain insight	.22	.69	2.61*
2. The strength of the client's defenses	.24	.61	1.54
3. The client's ability to experience feeling	.26	.69	2.05*
4. The client's ability to relate to the therapist	.28	.64	1.89*
5. The overall therapeutic relationship	.27	.71	2.00*

*Significant at the .05 level

Table 4.2 (Scale B) Comparison of ratings of mean change on four characteristics of client growth after IPR and placebo sessions

Dimension	Change After: Placebo Session	IPR Session	t ratio
1. The client owns his own discomfort	.07	.57	2.17*
2. The client commits himself to change	.15	.52	2.31*
3. The client differentiates stimuli	.24	.46	1.47
4. The client behaves differently	.21	.71	1.52

* Significant at the .05 level

As indicated in Table 4.1, significant client growth occurred on four of the five dimensions relating to client movement in counseling ($p < .05$).

Two of the characteristics of client growth (Scale B) indicated significant moement occurring after the IPR session ($p < .05$).

Discussion

The mutual recall technique appeared to accomplish what we had hoped it would. Allowing the counselor to sit in on the client recall increased the opportunity for the counselor to become aware of and sensitive to subtle meaning of the client's verbal and non-verbal behaviors.

The counselor had more opportunity to gain insight into his own reactions to various client behaviors within the counseling relationship. He came to recognize where and how the client was able to 'get him off the track.' The mutual recall placed the counselor face-to-face with the client in a discussion of their relationship to each other, where they learned to talk about what is usually the most anxiety laden situation of all, the "here and now." With the help of the interrogator, the recall identified situations that activate not only client anxiety, but the anxieties of the counselor as well.

The counselor developed an ability to use client dynamics and personal insights more aggressively in later counseling. This could have been a result of the 'modeling' by the interrogator of aggressive confrontive behavior in which the interactions within the counseling relationship were productively examined. Having the opportunity to see the interrogation (compared with only hearing an audio-tape in Study I) as well as the opportunity to participate in the 'aggressive' recall behavior may have facilitated learning of new behavior. It may also be that the presence of the interrogator alleviated considerable anxiety for the counselor about pursuing personal or threatening client concerns; that is, with the support of the interrogator, the counselor felt safer to 'experiment' with new behavior and delve into areas which he had hesitated to before. We observed that in the counseling session immediately following the recall - the counselor often continued talking to the client about their relationship and used this ability and new dimension. 'You don't like what I just said to you. What was it about my last question that bothered you so much? or I've noticed that you behave as if you expected me to not like you.' It also seemed to us that with this most sensitive area, the relationship between the two having been opened up for examination, other hitherto 'personal" areas and topics entered the content of the sessions. It almost seemed that the relationship had developed to where the client's perception was: "If you and I can live together through examination of our relationship with each other - there is almost nothing that I (the client) cannot bring to you."

Conclusions

The results indicate that a modification of the IPR treatment method designed to help the counselor understand and integrate the information provided in recall accelerated client movement in counseling.

Despite our using the same counselors, this study differed from our first in that significant movement occurred on six out of nine criteria measures. It would appear that the mutual recall technique, i.e., involving the counselor in client-recall, facilitated the counselor's ability to identify and deal with client insights within the subsequent counseling session.

CHAPTER IV

THE COMPARATIVE EVALUATION OF TWO EXPERIMENTAL TECHNIQUES

The Problem

As reported in previous chapters it has been determined that two variations of the IPR technique could accelerate client growth in counseling. The "regular" IPR technique seems to accelerate growth by enabling a client to gain insights about himself by means of interrogation and videotape replay. The client's counselor, alone, reviews his client's recall session and may learn about new aspects of his client's dynamics, his client's feelings toward the counselor, and/or the relative success of the counselor's interventions; any or all of these potentials of "regular" IPR could help a client to grow. In the mutual recall IPR, the counselor is actively involved in the client's recall session. At the beginning of the recall session the counselor is asked to observe, but as the session progresses the interrogator invites the counselor to take part in the interrogation process and--if he so chooses--to examine his own recalled feelings with the client. This process seems to facilitate client growth by providing many of the potentials of the regular IPR as well as by fostering an apparently open, honest communication between counselor and client about their relationship to each other. We were not satisfied that we knew which of the two IPR techniques was more potent, especially because the data in support of each technique (See Chapters II and III, this Section) was gathered from different kinds of clients and counselors. The experimental designs, though very similar, had differed and were not really comparable. We wanted another opportunity to compare the two techniques under comparable conditions and with a single sample of counselors and clients. We also needed to more carefully examine our rating procedures.

Procedure

Sample

Two professional psychologists of equivalent educational and experiential background, age, and sex were the counselors in this study. Subjects were three male college undergraduate students who had been participating in group counseling with the two counselors for several months. In the course of their work with the three clients it was not uncommon for either of the counselors to have individual counseling sessions with each of the clients in addition to the group sessions in which all five were present.

Treatment

In order to evaluate the accelerating effects of the two IPR techniques the following experimental treatments were designed:

> Treatment A - IPR
> Counseling session was videotaped, client recall was conducted by staff interrogator.
>
> Treatment B - Discussion
> Following counseling session, in the IPR room, the interrogator joined the client and discussed the client's relationship with the counselor _without use of videotape_. This was a control treatment.
>
> Treatment C - Mutual recall
> Counseling session was videotaped, recall session was conducted with both client and counselor present.

Design

In order to evaluate the immediate effect of treatment on client progress, each client met with one counselor for one-half hour. This session was immediately followed by one-half hour of one of the experimental treatments, and the counselor then met with the client for another one-half hour session (total contact time = 1½ hours). On another day, this procedure was followed using a different experimental treatment until the client had been exposed to all three treatment methods. To control for "sequence effect," treatments were given in a different order for each client. Counselors were assigned by flip of a coin to two sessions of one treatment, the other counselor to two sessions of the remaining.[1] A schematic representation of the design is presented in Table 4.3 below

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[1] In retrospect, the design could have taken account, through counselor treatment assignment, for the possibility that counselors were not of equal skill.

Table 4.3 Treatment

Client	A Regular IPR	B Discussion	C Mutual IPR
1	T_2	T_2	T_1
2	T_1	T_1	T_2
3	T_1	T_2	T_2

Legend: T_1 = Therapist 1
T_2 = Therapist 2

All sessions were videotaped, and presented in pairs (pre-session and post-session with no indication of intervening treatment) randomly to two groups of five judges. (Two groups of equal numbers of judges were used to provide replication for determining the reliability of the scale)

Results

Reliability measures were obtained for the scale measuring client growth (Characteristics of Client Growth - Form II) and the Client Observation Sheet[2] by use of Hoyt's analysis of variance. The judges rated each of the three clients after each of the three treatment conditions. The reliability coefficients as reported in Table 4.4 were considered to be sufficiently high for their use as criterion measures. The range for the first group of raters was from .82 to .92, and for the second group, .76 to .93. The average ratings across the nine scales was .85 for the first group and .86 for the second.

Insert Table 4.4 here

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[2] See Appendix M.

Table 4.4 Reliability of client movement scales by two groups of judges

Client Growth Scale	Raters Group I	Raters Group II
	N = 5	N = 5
The client owns discomfort	.87	.88
The client commits himself to change	.82	.90
The client differentiates stimuli	.83	.93
The client behaves differently	.86	.76
Client Observation Sheet	**Raters Group I**	**Raters Group II**
Ability to gain insight	.89	.91
Lowering of defenses	.92	.90
Ability to Experience feeling	.79	.80
Ability to relate to therapist	.86	.86
Gain in therapeutic relationship	.85	.82

Comparison of Treatment

Because the sample was extremely small and the scales measured different variables, multiple sign tests were employed, i.e., the variables could not be summed to reach a general statement of client movement. The Client Growth Scale - Form II[3] and the Client Observation Sheet were used to determine gain through counseling. Analysis of the data indicated that one counselor was more effective than the other on all criteria and for each method of treatment. We had assumed that the counselors would be rated approximately the same, and this finding limited the potential for analysis of the data. It was necessary to break down the data according to treatment, controlling for both therapist and client as shown in Table 4.5. In orher words, it was not possible to make an analysis of client growth by treatment alone. Only those comparisons where one therapist had met two of the treatment conditions for any one client could be made, necessitating some loss of information. We found that counselor#1 effected more client growth with regular IPR than with mutual recall. Counselor#2 had better results with the mutual recall than with regular

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[3] See Appendix M for Characteristics of Client Growth Scale.

IPR. For Counselor 2, the difference between the mutual and discussion methods was not significant.

Table 4.5 Comparison of treatments by counselor and by counselor and client on nine items for both client movement scales

	Better	Worse	No. Diff	P
Counselor 1 vs. Counselor 2	9	0	0	.00*
Counselor 1 - Client 1 Regular IPR vs Mutual IPR	8	1	0	.02*
Counselor 2 - Client 2 Regular IPR vs Mutual IPR	0	9	0	.00*
Counselor 2 - Client 3 Mutual IPR vs Discussion	5	2	2	.23

*Significant at the .05 level

Discussion

Results indicated that one counselor was significantly more effective than the other. Results are limited by the sample size, but this turned out to be a happy accident in that it allowed us to make some comparisons by counselor level of effectiveness for the two recall techniques. It was observed that the more effective counselor had significantly better results with the regular recall while the less effective counselor had significantly better results from the mutual recall. Rather than providing us with information as to which IPR technique is more effective in accelerating counseling, this study served to confirm our earlier speculations that a more competent therapist is able to use the information gained from the client in the regular IPR to accelerate progress while a less competent counselor cannot.

Conclusions

The IPR procedure provides the client with insights into his interpersonal behavior but it is necessary that the counselor be able to integrate these insights into his ongoing relationship with the client if growth is to be accelerated. It would appear that the more competent counselors under such conditions, gain new understanding from studying the session between interrogator and his client, and gain less from taking part in the interrogation. The less competent therapists, on the other hand, may either not understand the dynamics uncovered in recall or may not be able to implement them, thus frustrating the client's new understandings--perhaps even retarding client growth. The less competent counselor becomes more effective with his client by participating directly with the client and an interrogator in the recall session. Added understanding of why this occurred was gleaned from examination of the videotaped behavior of the two counselors as well as from comments made by judges after they had completed their ratings. First, the so-called "less competent" counselor was a very bright clinician whose insights were sharp and apparently quite accurate. His limitations were caused, not by a need for new insights, but rather by his difficulty in establishing a bilateral (give and take) communication with his client. He seemed to behave in a manner often ascribed to psychologists by the popular press--he acted as if his client were a specimen under a microscope. During the mutual recall, this counselor was helped to learn to use his own relationship with the client as productive content.

The more competent counselor seemed to have a more bilateral--somewhat less "analytic"--relationship with his clients. Within the counseling session he frequently commented to the client on how he perceived the client's reactions to him, and he would ask for "feedback" from the client. Given this awareness and ability to use his relationship with his client, mutual recall had little new to offer him--but the regular recall gave him an opportunity to gain new objectivity about his client through listening to the comments elicited by the interrogator and the videotape playback.

CHAPTER V

PROJECT-RELATED STUDIES

Two studies, both of them doctoral dissertations, attempted to test the potential of IPR to effect changes in interpersonal behavior. Although the project staff was consulted by the researchers about each of the studies, these two studies were not a part of our ongoing, Grant-funded research. We believe the data produced by these studies is important to our knowledge about the use of IPR. The authors have permitted us to publish here summaries of their work.

The first of the two studies is an attempt to use IPR in groups, and was directed by Shirley Jean Hurley.

Self-Disclosure in Counseling Groups as Influenced by Structural Confrontation and Interpersonal Process Recall[1]: A Summary

IPR was adapted for use with small counseling groups consisting of students in a counselor education program. The goal of the treatment was an attempt to accelerate processes assumed relevant to success of the group; namely, direct interaction, confrontation, and feedback among group members.

From a population of graduate students, most of whom were counseling and guidance majors enrolled in different sections of a group counseling procedures course given in two communities, a sample of 50 subjects was selected. The subjects were randomly assigned to groups and these groups were randomly assigned to treatments. Each group spent 35 hours together over a ten-week period with ten three-hour weekly sessions plus an extended five-hour session between the fifth and sixth regular sessions. Three different treatments were applied to three groups in each community by experienced group leaders. The design of this study thus entailed one experiment involving one leader using three methods and a replication with another leader using the same three procedures. (Table 4.6)

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[1] Unpublished Ph.D. dissertation, Michigan State University, E. Lansing, Michigan, 1967.

Design

Treatments	Leader A	Leader B
Control (Traditional)	*	*
Structured Confrontation	*	*
Interpersonal Process Recall	*	*

*N=8 or 9 in each group; total N=50

Two groups were designated as control groups and were given what was termed the 'traditional' treatment which consisted of all the leadership methods, instructions, and readings normally employed by the two leaders without introducing special techniques. Two of the remaining four groups also received traditional treatment, but with the addition of a 'structured confrontation" treatment which was used in an extended five-hour session between the fifth and sixth traditional sessions. In this extended session each group member as well as the leader was asked in turn to become the focus as the other members addressed to him their negative and positive feelings and impressions. The purpose was to accelerate the acquisition of an unconventional but more open mode of communication among group members.

For the remaining two of the six groups, the structured confrontation treatment was combined with IPR and this treatment was also employed between the fifth and sixth traditional sessions in an extended five-hour session. For this treatment the group was placed in the IPR suite for the entire extended session. After each pair of members had shared their feelings about each other, an IPR interrogator joined the groups for the replay of the interaction. The method of questioning followed the standard procedure used in individual interrogation sessions except that two people were being asked to recall their interaction with each other. The members involved in the interaction, other group members, the group leader, in addition to the interrogator could ask to have the replay stopped for further exploration of the meaning of the behavior observed. In a five-hour session the entire structured confrontation exercise could not be completed using the video since the periods of recall and interrogation were often long. All members, however, viewed themselves in at least one confronting interaction with another member. The traditional group used the extended session as a usual group meeting, but of unusual length. All groups were told that video tapes were being made of the extended sessions for research use and all spent some time in the IPR suite so that the IPR groups were not subject to any special effects of video facilities and equipment. Table 4.7 is a chart of the treatment schedule.

Table 4.7 Research Schedule

Session	Groups	Time
1	Same for all groups. Instructions and organization. All groups administered Jourard's Questionnaire (JSD)	3 hrs.
2	Same for all groups. Traditional group interaction	3 hrs.
3	Same for all groups. Traditional group interaction	3 hrs.
4	Same for all groups. Traditional group interaction	3 hrs.
5	Same for all groups. Traditional group interaction. Administration of the Hurley Self-Disclosure Ratings (HSDR) last part of session. Groups assigned to treatment	3 hrs.
Extended Session	TR groups: Traditional Group Interaction SC groups: SC Treatment VR groups: VR Treatment	5 hrs.
6	Same for all groups. Traditional group interaction	3 hrs.
7	Same for all groups. Traditional group interaction	3 hrs.

Table 4.7 (continued)

Session	Groups	Time
8	Same for all group. Traditional group interaction	3 hrs.
9	Same for all groups. Traditional group interaction. Administration of post (HSDR)	3 hrs.
10	Same for all groups. Review of group experience. Administration of post (JSD) and final questionnaire Discussion of research	3 hrs.

The measurement techniques used included the Jourard Self-Disclusure Questionnaire, the Hurley Self-Disclosure Ratings, and a final questionnaire which attempted to elicit a direct rating of self-disclosure of self and other group members, choices of most valuable and least valuable group members, and ratings of member attraction to the groups.

The measures used did not reflect statistically significant differences related to treatments. The IPR method did not have any statistically significant advantage over the other two methods used in this research. Three factors seemed to contribute to this finding.

1. The randomization of group membership assignments resulted in dissimilar initial groups, and those between-group differences exercised a pronounced influence throughout the experimental period.
2. The measurement devices used were not sufficiently sensitive to discriminate effectively among groups.
3. The design failed to provide sufficient time for exposure to the IPR technique and its maximum impact had no chance of being tested.

However, analysis of the tape recordings of the pre and post experimental sessions, and the observations of the group leaders indicated that the IPR technique did alter the style of group interaction. In all tapes and observations of groups exposed to the IPR, including a pilot study group in addition to the research groups, the candid exchange of feelings and impressions of each other were accelerated for two to three sessions following the treatment. The group members generally seemed more excited and emotionally involved. The rate of speech was faster and the emotional intensity was increased. A prior tendency to ramble from topic to topic was replaced by a more continued effort to explore more fully reactions to each other. This change in the style of the groups' interaction was especially striking in one IPR group. From one cluster of three research groups randomly assigned to the different treatments the most passive group with the least emotional commitment and lowest affect level was designated to receive the IPR treatment. This group had one active verbal member who had continuously dominated the group from the beginning. In spite of the leader's efforts the group members had been able to make only feeble attempts to confront this member and to take the initiative in determining their own direction. As each of their attempts failed the group became increasingly apathetic. The active member was mildly confronted with his behavior by another group member during the video session, and on the replay the interrogator was able to stimulate the expression of much stronger feeling which was then quickly reinforced by other members of the group. Thus the IPR was clearly a dramatic help to this group in dealing with an important issue openly. After the successful experience in finally coping with the domination of one member the group members were freer for the next two sessions to deal with other problems and resistance. However, this effect began to fade by the third session following the IPR treatment, and the group tended to retreat to their earlier ineffective pattern handling issues. It would have been beneficial for this group to have repeated IPR treatments, but this could not be done within the research design.

The group of this same cluster who had received the 'structured confrontation' treatment without the IPR also shifted its previous style of intellectualizing and arguing about philosophy and religion to more interpersonal focus. However, the members tended to question the validity of feedback they received from other members much more defensively than the IPR group. Most group members who had experienced the IPR treatment seemed amazed at the confrontation with themselves as they viewed the replay. They were able to clearly identify the characteristics of their styles of communication of which they had no previous awareness.

Bringing interrogators into the group for the IPR treatment seemed to have no detrimental effect on the group interaction but rather served as a stimulus to accelerate interaction. The groups reacted to the interrogators as professional consultants.

Although this research could not offer statistical evidence in support of the IPR method for accelerating progress in small counseling groups, all indications were that it was an effective technique. Further research efforts to demonstrate more fully the use of IPR with groups should provide for more adequate testing of this method by increasing the amount of exposure time for IPR as well as for the other experimental and the control treatments.

A second study to evaluate the effectiveness of IPR, this one in a university counseling center, was undertaken at Marquette University by M. Gordon Pederson.

Accelerating Client Therapeutic Growth Via Videotape[2]: An Abstract

This research was formulated to determine by experimental design the value of using videotape and instant replay in counseling. Twenty-one college freshman males participated in the ten-week study. The design included three groups: (1) control, (2) audio, and (3) video. Seven clients in each therapy group - audio and video - came to the Counseling Center once a week for one hour and fifteen minutes during the ten-week period. The short-term therapy goal involved an attempt to effect positive change in the client's feelings of self-confidence and abasement and to compare the results with a control group which had no counseling. Numerous methods of evaluation were utilized to try to measure client growth, such as: the administration of an Adjective Check List prior to and after the ten-week counseling period, ratings by the counselors, judgments of a panel of psychologists, and a brief questionnaire seeking information about the participant's reaction to the past nine months of college.

The statistical results indicated that the two therapy groups - audio and video - portrayed a significant amount of positive change at the .05 level or better on 11 of the Adjective Check List scales when compared with the control group. The control group did not manifest any significant change. The questionnaire on college life showed more positive statements in the therapy groups than in the control group at the .01 level. The post-test ACL scale of Self-Confidence improved in the video group but not at a statistically significant level. The Self-Confidence scale of the audio group increased significantly at the .01 level. The Abasement scales were reduced in the audio and video groups at the .01 level. The intervention of therapy caused more client growth to occur in the therapy groups than that which occured in the control group which had no counseling.

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[2] Unpublished Ph.D. dissertation, Marquette University, Milwaukee, 1967.

A questionnaire on college life showed more positive statements in the video group than in the audio group. The Adjective Check List showed positive growth at the .05 level on three scales in the video group but only on one scale in the audio group. The evaluations made by the counselors after the second, sixth, and tenth interviews and the judgments made by the panel of psychologists after the first and last interviews clearly showed more client growth transpired in the video group than in the audio group. The initiation of videotape instant replay in counseling seemed to be more effective than regular counseling.

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SECTION V

NONVERBAL BEHAVIOR AND THE COMMUNICATION OF AFFECT

Any person who must deal with people repeatedly faces situations which require accurate understanding of both verbal and nonverbal communication.

There is often a multitude of nonverbal behavior which occurs during the course of a counseling interview. This information, could it be recognized and interpreted by the counselor, would likely be of great value to the client. Unfortunately, there is a chasm between our present appreciation of the value of nonverbal behavior and knowledge which will allow us to use this information to advantage. We must learn the extent to which gesture, body position, and facial expression have common or unique meanings; where generalization is warranted or not.

This Section contains reports of thinking and research which have attempted to find answers to some of the more basic questions in this area.

As in preceding sections, the first part recapitulates the findings and speculations of our 1963-1965 work. A review of select literature of nonverbal behavior appears in Appendix O.

CHAPTER I

DEVELOPING STRUCTURES TO FACILITATE RESEARCH AND INTERPRETATION

As elusive and complex as understanding the meanings of nonverbal behavior can be, it seems to us that this is an area which may be penetrable by IPR techniques. Through recording his behavior as others see it and then obtaining the individual's own interpretation of his behavior, IPR seems a highly useful technique. Who knows better than the client himself what his actions mean? Here are some illustrations from client recall transcripts:

> I look awfully composed then, as though I'm a real disci-lined person. . . Yet, inside I'm just really quite upset; I'm struggling.
>
> . . . I noticed that this smile is at the very moment when it hurts the most.
>
> I'm telling him with my hands that I don't have anything to talk about.

In each of these situations, accurate interpretation of the nonverbal behavior would have given the counselor important additional information on which to base his actions. Even where clients cannot interpret their actions directly, their interpretations of feelings provide some evidence for the meaning of their behavior.

The Focus of This Investigation

It was assumed in this study that the occurrence of nonverbal behavior is not random. Thus, the major point of view in the study is that nonverbal behavior is related to something within the interaction situation--some contributing elements of the totality of the counseling interview. This study is concerned primarily with isolating, defining, and creating a typology for structuring these elements.

Nonverbal behavior in this study was limited to gestural behavior with particular emphasis upon arm-hand movement, and postural movement as limited to the client's position in a chair. It did not include lower leg or foot movement since our video tape pictures of the clients were from the knee level up, and facial expression and eye movement were eliminated from the study not only because much prior research has been done in this area (See Haggard,[1] for example.) but also because of the extreme complexity of this single aspect of communication. Vocal expression such as laughter or tone of voice was also not included in this study although it too can be considered a form of nonverbal behavior. Thus, the emphasis was upon gross movement, movement readily discernable by the observer without benefit of slow motion or repeated, extensive viewing.

Nonverbal behavior can be observed in almost any magnitude from gross behavior description (e.g., Feldman) to microanalysis (e.g., Birdwhistell). This study concentrated on fairly gross movement. No specific definition of relevant movement was made, other than the movement (1) was observable and noticeable on a first viewing of the videotaped interview, and (2) was not a head or facial mannerism of speech, as, for example, an habitual nod after each sentence. A second delimitation of the study was the restriction of subjects studied to:

1. Those who moved significantly enough in the interview to suggest that motion was related to discernable elements of the interview in some way (some clients appear not to move at all).
2. Those whose interviews were meaningful in that considerable and varied communication occurred.
3. Those whose recall sessions were most fruitful.

A third delimitation concerned the sample from which nonverbal behavior examples were drawn; first interview encounters between client and counselor were the prevalent interview type. Only a few of the interviews used involved long-term relationships.

Instrumentation and Analytic Procedure

The work reported in this Chapter consisted of four stages. Stage 1 consisted of the observation of client nonverbal behavior in the interview. Typed protocols of the interviews were prepared and notes describing gestural and postural behavior were made to accompany the verbatim protocol.

Stage 2 involved using the observations of nonverbal behavior and related interview content made in Stage 1 to hypothesize the most important elements of nonverbal behavior, and to systematize the relationships among these elements. This inferential process resulted in a typology or schema of nonverbal behaviors as functions of the elements hypothesized.

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[1] Review of Literature on Nonverbal Behavior is in Appendix O.

Stage 3 involved examination of interview and recall session protocols for validation of the typology. The behaviors observed were classified as examples of the typology categories, and evidence for the meaning of each category was sought. Evidence obtained from the clients' direct comments on the meaning of the behavior (as they observed themselves in the context of the interview) was designated as "direct" evidence, while "indirect" evidence was defined as that drawn from comments on feeling states, or ideas associated with points in the interview where specific nonverbal behavior occurred. Through evidence of these two types, examples of the hypothesized behavior categories were located and studied.

Stage 4 was a critical appraisal of the typology and the structuring of a new one derived from our work in Stage 3.

A Typology of Nonverbal Behavior--Initial Development

The nonverbal behavior study as an hypothesis--generating inquiry yielded a typology of nonverbal behavior built upon three basic elements in interpersonal communication (Table 5.1); the typology may be regarded as a framework of nonverbal behavior. It was developed inferentially from observation of clients in interviews and was validated by comparing behavior as categorized in the typology with evidence from the recall sessions. Recall interviewers often used client nonverbal behavior as a clue to important feelings or ideas at critical points in the counseling interview.[2] Thus, the recall interviews often produced information about the client's feelings or ideas concurrent with the gestural or postural behavior which had originally alerted the recall interviewer less prevalent was direct attention to the behavior *per*. *se*. the recall interviewers were thus alerted to the importance of nonverbal behavior, they had no concept of the structure of nonverbal behavior as later developed in these studies, and so could not provide interpreations of the behavior beyond noting its importance or relevance. Hence, the typology was formulated from a wide array of indirect evidence.

The first element represented in the typology is the *source* of nonverbal behavior in the interview. Nonverbal behavior was observed as being directly related either to the verbal content of the interview or to the affective experience of the client in the interview. While these two interview components occur simultaneously, nonverbal behaviors seem to relate only to one or the other and seldom to both at once. However, two behaviors (such as nervous leg motion and a descriptive hand gesture) may occur simultaneously, each applying to only one of these two interview components. "Content" of the interview refers to the topic of conversation at the moment; "affect" in the interview, on the other hand, refers to the feelings experienced by the client (fear, anger, boredom, etc.) regarding any number of things (himself, the counselor, the situation, or the topic or potential topics).

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[2] See Interrogation, Section I of this report.

The second element of nonverbal behavior found in this inquiry was that of awareness, variation in behavior with the degree to which the individual (here the client) was aware of his actions. Three distinctions arose here--awareness, potential awareness, and lack of awareness. Awareness implies that the client not only knows of his behavior but fully intends it to occur. Potential awareness implies that the client could indicate knowledge of his action were his attention drawn to it, but since he is involved with other aspects of the interview situation, he is not directly aware of his action. He thus neither overtly intends nor overtly suppresses the action. Lack of awareness occurs where the client is entirely unaware of his behavior; if his attention is drawn to it, he indicates that he was oblivious to the action at the time.

The third element in the typology, represented by the increasing six category numbers (I to VI), is that of duration--the time element in the behaviors. The nonverbal behaviors in the typology, were found to have arranged themselves in regular fashion according to the extent of each behavior type in terms of time, from a quick motion occupying a fraction of a second (I) to a motion which may continue for ten or fifteen minutes almost uninterrupted or which may recur regularly or continually through the interview (VI).

The framework of nonverbal behavior represented in this typology suggested another extension of the time factor in nonverbal behavior. Often a behavior seems to have no direct meaning in relation to any one element in the interview. The data of this study suggested that while an overt gesture may be only momentary, it may be the result of a tension state of a more continuous nature. The tension state often is clearly related to a part of the interview preceding the point at which behavior occurred, or to a development in the interview which the client is anticipating.

Insert Table 5.1

The interaction of the two first elements, source and awareness produces six distinct and definable categories of nonverbal behavior. The third element, duration, results from the arrangement of the six categories. Each category has been named in accordance with the major function of behavior in that category; an implication of this naming procedure is that every nonverbal behavior has meaning.

Table 5.1 Nonverbal behaviors of clients in counseling interviews

		Degree of Awareness of Behavior		
		Unaware	Potentially Aware	Aware
SOURCE OF BEHAVIOR	I. *CONTENT*	*Emphasis*.-- Gestures of shortest duration accompanying particular items of verbal content; function is emphasis.	II. Facilitation.-- Gestures of brief duration accompanying verbal content, serving the function of facilitating clear communication.	III. *Portrayal*.-- Gestures intended to portray or give example of the topic of verbal content; duration directly related to content.
	VI. *AFFECT*	*Revelation - unaware (unconscious)* Unconsciously motivated body motion related to feelings.	V. *Revelation - aware (conscious)* Unconsciously motivated gestures revealing some degree of tension; client is aware of body motion but neither intends nor suppresses it.	IV. *Affect demonstration (conscious)* Intentional demonstration of feeling of client's part.

I: Emphasis

Gestures used for emphasis are brief and forceful, accompanying particular verbal material. They are closely related to the particular content, both in time and in forcefulness. These gestures involve the hands and arms primarily; head movements of emphasis are less frequent, and postural movement for emphasis seldom occur. The most frequent example of empathic gesture is the hand or fist-pounding often used in conversation. In the counseling situation, the client may empahsize a point by tapping or pounding the chair arm or perhaps his knee. The client is generally unaware of his use of these empathic gestures; they are associated usually with specific points of the topic and are often so brief the individual, intent upon his topic, is unaware of them.

II: Facilitation

In expressing oneself, the need often arises to be clearer and more facile in conveying ideas. Gestures often used to "assist" in increasing clarity. These gestures usually involve the hand and arm, most typically in a quick upward and outward motion as if to release words from within and speed them to their purpose. This facilitative motion was observed often in clients, especially in the expression of abstract ideas. The individual somewhat at a loss for words, or feeling that his expression is inadequate, seems to use this motion accompanying his words as if the motion itself will aid in communication. In the IPR recall session, one client, when asked on recall about the upward-outward facilitative gesture she had used frequently said "I use it a lot . . . I think I'm really trying to get myself out . . . it looks as though I want to get it (out), I want to tell you how I feel but I can't and my hand is doing it." The client generally is unaware of his use of facilitative gesture unless it is called to his attention; he does not plan specifically to use the gesture but when it occurs he does not suppress it either. The gesture is accepted in our culture as an acceptable and useful means for additionally effective communication.

III: Portrayal

The speaker often wishes to demonstrate what he means and can only portray it by means of gesture. These gestures give an example, a picture, of the topic being communicated. The picture is portrayed for as long a time span as is necessary for completeness, or else accompanies the topic for its entire duration. Examples of this gesture type are common in ordinary conversation--the gestures accompanying, "five miles straight ahead, then turn left, then take the second right," the listing of items on the fingers the "she's about this tall" gesture all are examples of portrayal in everyday conversation. Clients use this type of gesture in illustrating their ideas as well as more concrete topic. A girl, while speaking of her conflict with her mother, demonstrates the concept by crossing and recrossing her arms before her, portraying with her arms the two individuals conflicting with each other; the same girl illustrates her "BIG" dream with arms thrown wide open to illustrate the bigness. Another client, discussing a teacher who likes things to be "set," accompanies the work with a clenched fist striking the chair arm. Portrayal and emphasis are the most direct forms of nonverbal communication in our culture; they are most commonly understood and most frequently used. Portrayal is, however, generally a conscious gesture; it arises and is used specifically as an addition to verbal communication.

IV: Affect Demonstration

The client who wishes deliberately to demonstrate feelings uses the nonverbal behaviors falling into this category. Two reasons for such demonstration were observed. The client may wish to "put on an act," to deceive the counselor regarding feelings or concerns and so, for instance, may cover sadness by wearing a bright facial expression or may try to appear somber and serious when he does not in reality feel that way. This latter situation was characteristic of some high school clients who felt that they had to "get around to something serious" or at least act the role of a "good" client because they were in a counseling interview. The second possible reason for deliberately demonstrating feelings is the client's intense desire for the counselor to know and understand his feelings about a brother's girl friend by assuming a facial expression and posture of dismay and disgust to accompany her comments. Another teenager interprets her behavior on recall by saying "I'm telling him with my hands that I don't have anything to talk about," and in another situation emphasizes her annoyance with herself by posing in a postural attitude of feigned self disgust. Later in the interview, the same girl comments on behavior by recalling, "I'm waiting for him to say something to me," explaining why she shifted in her chair to lean to one side expectantly. Other reasons for consciously demonstrating emotion may be possible; frequently such behavior is "faked" for a specific purpose. The major characteristic of such nonverbal behavior is that it is intentional and so is fully in awareness of the client.

V: Revelation - Aware

Gestures in this category are those of which the client is aware, but he attributes the activity to habit and seldom recognizes its basis in tension. Thus, he is aware of his activity but unaware of its motivation. Behaviors such as leg-swinging, ring-twisting, or key-jangling are among the common tension-associated habitual behaviors adopted as "pacifiers" by many adults. Many such habitual nervous gestures were observed in a majority of the interviews studied, but almost without exception the behavior was explained as "just a habit . . . I don't know why I do it."

VI: Revelation - Unaware

Tension-motivated behavior of which the client is totally unaware is the most frequent critical nonverbal behavior in counseling situations. The tension present in these sessions motivates the nonverbal behavior; the nature of the session is generally such that the client is concerned more with verbalized content of the session than with his own overt behavior. These unconsciously motivated gestures or postures have a wide variety of potential sources--the feelings or tensions clients reveal may be directed toward themselves, or the topic (past, current, or potential), or the counselor, or the situation in which the client finds himself. In addition, such gestures may be continuous for an extended period of time, or may recur frequently with repeated feelings of anxiety or tension.

Only the more mature, perceptive client is able to interpret behavior of this type on recall, even with the assistance of the more skilled recall interviewer. More often, the client does not call

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attention to the behavior at all, but reveals the presence of anxieties or tensions occurring simultaneously with particular noticeable nonverbal behaviors; if the behaviors and the incidence of anxiety are closely related, it can be inferred that the anxiety promoted the overt behavior. Thus, both direct and indirect evidence demonstrate the validity and perserverance of this category of nonverbal behavior.

Sensitivity to Nonverbal Behavior

During the course of the IPR counselor-training program, we drew the attention of the novice counselors to nonverbal behavior. Generally, they were amazed and openly delighted with the "discovery" of this communication mode, and many became increasingly sensitive to it. Certainly, the staff members themselves, as the project progressed and they found themselves using more and more nonverbal cues in the course of their regular counseling, paying more attention to nonverbal behaviors, calling attention to them, and attempting various kinds of interpretations to determine the accuracy of interpretation. It seems clear that merely bringing attention to nonverbal processes may be useful in facilitating nonverbal communication.

In the course of the teaching-learning pilot studies with IPR, many instances of nonverbal communication between pupil and teacher were observed, as well as ample evidence of miscommunication between teacher and pupil. For example, in one instance the teacher believed that the student, who was leaning forward with a facial expression of intense concentration, was confused. In reality, the student was following closely, and when the teacher adjusted his presentation by slowing down and using a clearer explanation, the student who had formerly been highly interested and comprehending now was annoyed and fretful. If such poor communication occurs on a one-to-one person basis, where there is opportunity for the teacher to ask questions and for the student to interrupt, it may be even worse in group situations where feedback is more cumbersome and the reactions may be different for different students.

We also noted that clients frequently used their own nonverbal behavior as a cue as to when to stop the video tape. It was not that these individuals knew immediately that they were feeling something important at that particular time, but rather that they recognized in themselves certain nonverbal behaviors as being indicators of various feelings. They would then stop and in essence interrogate themselves to try to find the feeling which accompanied the particular behavior. We saw this rather interesting process occur a number of times as we helped the clients to become increasingly aware of and sensitive to nonverbal behaviors.

A Typology of Nonverbal Behavior - Restructuring

The next stage in our work called for an examination of the potential usefulness of the typology. The illustrations we have described throughout this Chapter are indicative of the kinds of insights and understandings the typology fostered or helped us to more clearly recognize; but, as we tried to apply the typology to further analysis of counselor behavior, to teaching counselors to be more sensitive to nonverbal behavior and also to generating new hypotheses and research we came to realize the shortcomings of the typology. By far, the most serious shortcoming is its complexity. In creating a typology of general nonverbal behavior, we had simply included too many variables for its applicability to special areas. Learning to use the typology required almost a major course of study.

One of the major attributes and functions of a typology is that it encourages elaboration, analysis and synthesis of the dimensions included. A typology seems to not only encourage more intensive study of a delimited area but because its cells "beg" to be completed and for intricate combinations to be pondered, typologies often cause analyses to become more expansive. No one typology, at this stage of our development in education and psychology is likely to satisfy our needs and curiousity just as no one typology of personality is likely to satisfy both an employment interviewer and a psychiatrist.

Because so much of our work is related to counseling and counselor education, we decided to try to design a typology which would be more useful by including only elements more crucial to counseling. We reviewed the questions counselors recalled having most frequently pondered during the interview. It seemed as if counselors covertly assumed that anything the client put into words or deliberately stated or presented was cognitive and that visceral and neurological states (rather than "feeling" words) constituted intensity of affect. They also talked about type of affect (anger, fear, etc.) So frequently the kinds of statements counselors made about their clients' behavior during recall sessions were, "I think she really feels what she is saying," or "he says he is angry but I don't believe him--I think he feels fear strongly almost panic." Such statements imply a typology of very few interacting elements. One element is the intensity of the affect state of the subject, the strength of his actual physiological processes; a second element is the deliberate, intentional, "quotable," statement, usually verbal; and finally, the congruity or incongruity of the relationship between the statement and the nature (anger, fear, boredom, etc.) of the affect. Our observations thus tend to echo those of Ekman (1964) about the importance of these dimensions. Of course, other dynamics of clients seemed to perplex counselors, such as the client's readiness to receive certain kinds of feedback or interpretation, the client's investment or commitment to change, the way in which the client perdeived the counselor or tried to avoid the counselor's efforts to effect change--all these and many other questions were raised by counselors but in analyzing the client behavior of a given moment in time, it seemed that the sophisticated counselor brought most of these more general characteristics of the client to bear on a single, basic question, "How intense are the client's feelings, and in what state of congruence is the nature of the actual feeling to what she says or wants me to think she is feeling?"

If one assumes that the body state or "feeling" (both nature and intensity) tends to be expressed by posture and gesture whether or not the statement is congruent with the nature of the affect, then a typology for structuring nonverbal behavior can be constructed as described below and in Table 5.2 in Chapter II of this Section.

Typology II

Level of Affect	Relationship between statement and nature of affect Congruent	Distorted	Denied
High			
Medium			
Low			

Statement defined here as the planned or deliberate message the behavior tries to convey--including the verbal content, the deliberate use of nonverbal gestures, and the deliberate use of voice quality, but not including such "non-intended" behaviors as slips-of-the-tongue.

Affect level the intensity of the body state--physiological tension or excitement, whether labeled by the subject or only vaguely perceived.

Nature of Affect type of emotion perceived, e.g., anger, fear, etc.

The affective dimension describes only the intensity of the affect. It was believed that the crude classification of high, middle, and low for affective intensity would be useful in studying its relation to nonverbal behavior.

The horizontal dimension (of the above schematic representation and Table 5.2 in the following Chapter) is the congruency dimension. It is meant to represent whether a person's statement is congruent with the nature of the affect felt or whether it is at variance with it. If it is at variance with it, there seems to be two basic ways in which this occurs. In the first case, the statement might be similar to the affect perceived but differs in intensity. An individual who says in a flat voice but with muscles tensed, body still, "I sometimes get a little irritated with what you say, but not really much," would be giving an example of this kind of behavior. Understating or overstating in verbal terms the perceived affect would be classified here, under the rubric _distorted_.

A second way in which inconsistencies may occur is in terms of a lack of correspondence between the statement and the perceived affect where the statement reflects a very different emotion than that verbalized. This condition is referred to as _denied_. Thus, a client may be talking about love but his nonverbal behavior may be expressing nervousness, anxiety, or fear, in which case the words spoken deny the feeling state. Denial, of course, also occurs when a client has important feelings but says nothing about them. This is the phenomenon in counseling which is of most concern to counselors.

An examination of the two ways in which inconsistencies may occur suggest that in general, those which may be classified as distortions tend to involve the kinds of gestures by limbs, facial expressions, etc. which we associate with the common idiom in our deliberate attempts to clarify or emphasize in communication. By contrast, those in the _denied_ category are more likely to be behaviors which are less consciously controlled and of which the client is less aware. Thus, the drumming of one's fingers, the tapping of the foot, frowning, tension of the body, slumping posture, all of these are unconscious mannerisms which may convey that an affective state exists which is contrary to that which the individual is verbalizing or in other ways deliberately stating. These would then be the kinds of behaviors which would be classified under the heading of _denied_.

In our initial discussion of incongruencies, we notice primarily incongruencies between the spoken words and the accompanying nonverbal behavior, where this is vocal or could be seen. But to complicate matters, we also observed that there can be inconsistencies within the nonverbal behavior itself. Thus, the grosser movements typically involved in _distorted_ behavior may be at variance with those nonverbal movements in _denied_ behavior. For example, the school teacher who comes into the classroom with an erect posture and a bearing which is intended to indicate calm and complete control of herself is sometimes given away by picking at her dress or other behaviors which betray her anxiety and nervousness. In this case, one might think of the feigned clamness as the cognitive "verbalized" statement which is denied by the feeling state and the nonverbal expression of the feeling state.

CHAPTER II

FACILITATING INTERPRETATION

Observations

In the previous Chapter we described the development and characteristics of two typologies of nonverbal behavior. The first is a rather complex structure but one which seems to be applicable to a wide range of activities including teaching. The second typology was created by reviewing counselor recall about the dimension used by counselors as they tried to understand nonverbal behavior. A revised typology was made up of variables which seemed to be of most concern in counseling.

In order to determine how useful the typology would actually be for use in counseling, as an aid in the interpretation of nonverbal behavior, we first reviewed IPR tapes and experiences as we had done with the original typology. To facilitate recording our observations the cells in Table 5.3 have been numbered as indicated.

Table 5.2 Typology II

Level of Affect	Relationship between statement and nature of affect Congruent	Distorted	Denied
High	3	6	9
Medium	2	5	8
Low	1	4	7

Statement defined here as the planned or deliberate message the behavior tries to convey--including the verbal content, the deliberate use of nonverbal gestures, and the deliberate use of voice quality, but not including such nonintended behaviors as slips-of-the-tongue.

Table 5.2 Footnotes (continued)

Affect Level The intensity of the body state--physical tension or excitement, whether labeled by the subject or only vaguely perceived.

Nature of Affect Type of emotion perceived--e.g., anger, fear, etc.

In most of our tapes there was some evidence about the extent to which the client was aware of his nonverbal behavior. In a few of these we also had evidence about the extent to which the client's statement were congruent with his affective state. In all of the videotapes we could, of course, observe a client's behavior. In reviewing this material, it appeared to us that there is a direct relationship between congruency, intensity of affect, awareness, and duration of nonverbal behavior. Congruent, low affect behavior (Cell 1) is within awareness, and gestures and motions associated with it are of brief duration. A high school student in one session relates how his father is generally supportive but occasionally criticizes. "So he says to me, 'Real good, but you could do even more.'" The boy's fist clenches for a brief moment. "I really love the guy but whenever he says that it gripes me." Denying, high affect behavior (Cell 9) is accompanied by gestures and motions of long duration about which clients are unaware. Brief duration refers to gestures which are usually completed in a maximum of 3 or 4 seconds. Long duration here means that the behavior often begins before a statement is made, persists after the statement, and is repetitive; however, there appears to be almost no limit to the extent of time which can be involved or to the complexity of the behavior. For instance, a devoted secretary frequently forgets her pen when asked to take dictation from one of her bosses, borrows his and walks off with it so often that the behavior has become an office joke. Freud (1938) observed that physicians who were popular with their patients often had large collections of umbrellas and hats which had been left in the office. It was speculated by him that the patients were acting out the feeling of wanting to remain with the well-liked physician. These illustrations are extreme instances of length in nonverbal behavior.

During IPR sessions, whenever interrogation of the counselor was called for, the interrogator was asked to spend some time pursuing the reasons a counselor either believed or did not believe statements of the client; but our efforts to elicit from counselors the basis of their perceptions and interpretations of a client's communication did not lead us to the discovery of any common elements across clients or counselors, except for the conclusion that counselors seemed to "try on" a client's pose and become immersed in the client's set rather than applying formulas or structures. "It just feels that way," was most often the reason given for inferring a given emotional state. Interrogation sessions with the counselor usually did not provide us with understandings of how counselors recognized the differences between nonverbal behaviors associated with Cells 1, 2, or 3 and those associated with Cells 7, 8, and 9; they " . . just knew."

In some instances, noting the point at which the counselor detached himself from the client's communication, ("tuned-out") the client anticipated accurately the observation the counselor was preparing to offer; that is, the client reflected back on the meaning of her own behavior just as the counselor did, takin her cue from the counselor's tuning out. During a counseling session a high school girl repeatedly twisted a button on her blouse and tugged at her skirt hem as she told the counselor about her disdain for the way "those boys and girls acted with each other." Noticing that the counselor was pondering her statement, she quietly mumbled, "Yeah, you're right. I'm a little jealous." Occasionally, on recall, clients appeared to have braced themselves for much more sophisticated and important interpretations than were actually offered by the counselors in the interview.

Errors in interpretation (or perception) seemed to have a consistency for each counselor. That is, when the counselor guessed wrong, his guess was usually the same, (e.g., she's scared). When in doubt, the counselor seems to project his own feelings to the client, or else it may be that the counselor's projections cause him to err. Sometimes counselors misinterpreted because the client was successful at feigning. In one case a client was uncomfortable and very eager to leave the counseling session. On recall he told us that he was deliberately frowning, leaning forward, and nodding his head so that the counselor would think that he was really concentrating intently and benefiting from the session so that he could then leave. The counselor, on recall, had been fooled into thinking that he had "really reached" this client rather quickly.

In our own studies of teaching-learning we observed that teachers would interpret silence and pleasant facial expression as indicative of understanding and interest, while in reality the student was sometimes lost or bored and was assuming the facial expression out of politeness or in an effort not to appear stupid. One college sophomore described the process clearly, "I lean forward, open my eyes wide, open my mouth a little, and the Prof really thinks I'm concentrating, but I'm daydreaming to beat hell."

Insights from Artistic Exaggeration

It occurred to us that actors, like other artists, may have learned to interpret and/or to exaggerate "nature." If this were so, we might gain some understanding of nonverbal behavior by studying the behavior of actors who were asked to portray scenes which characterized one or another cell in the typology. We hired advanced students from the Dramatics Art Department to enact a few scenes in which they were asked to try to conceal or to express strong and weak feelings. Brief vignettes were prepared, but the actors were given considerable freedom to set up their own imaginative situation. Experienced counseling psychologists and school counselors were asked to then observe the videotaped behavior. The "concealing" of feelings was accompanied by nonverbal behaviors of which the actor himself was often unaware until he saw the playback. The denied behaviors tended to sustain longer or repeat more often than behaviors which accompanied the more congruent expression of feelings. Other than to provide this further support for a relationship we had already observed with clients, we were unable to identify patterns or formulas which held up across typology cells or actors. It did appear to us that actors' use of nonverbal behavior was not different, most of the time from the ways in which most people use it.

Insights from Studies with the Deaf

It became apparent to us that the typology had rather limited, though important uses. It helped us set up behavioral and feeling situations for actors and it focused attention on behaviors which had occurred in the course of counseling sessions. As we studied nonverbal behavior more and more, we became convinced that nonverbal elements did not merely add to the total communication but that it was an integral part of the communication; that, in order to study nonverbal cues, we had to focus on them separately, but that in so doing we were creating an artificial separation and probably changing the phenomenon observed.

It occurred to us that the Affective Sensitivity Scale (See Section III) might be useful in our efforts to understand more about nonverbal cues. We have already reported that there is a tendency for people to project their own feelings on to others or in other ways to distort their interpretation of the communication of others, and so it seemed to us that the use of the Affective Sensitivity Scale might enable us to determine how good a judge a given subject way, and how much credence could be given his explication of the basis for his judgment on each scene of the Scale.

It occurred to us that the deaf probably would make good subjects. They have had to learn to rely very little on verbal content in understanding communication and because even lip reading does not provide a deaf person with all that is said, the deaf would have learned to compensate by becoming more sensitive to other aspects of a person's communication.

Four deaf subjects were used. One was a professional psychologist. The other three were students; one a senior at a high school for the deaf, the other two were part-time college students. No attempt was made to carefully control either the number of scenes viewed at each session or the procedure for questioning. Each subject was asked to select the correct answers for each scene of the Affective Sensitivity Scale and to describe his impressions of the emotional state of the client involved in the scene. When the Scale was completed other tapes were used also. Each subject was "pushed" to identify the nonverbal cues he used in making his judgment. All subjects reported that they were unable to use lip reading to understand the verbal elements because the clients seemed to talk too fast, the video image was not clear enough and that they the subjects were too far away from the T.V. screen.

The various emotional states which were inferred were catalogues and that nonverbal cues associated with these inferred states were also listed. Only those states and cues were used which were accurately inferred as evidenced by a correct answer to the scene on the Affective Sensitivity Scale. Only states and cues which recurred and were used by more than one subject are listed in Table 5.3 The list is not meant to be even an abbreviated dictionary of nonverbal cues and their meaning. It is presented here only to illustrate the nature of the "raw" data which emerged from our studies with these deaf subjects.

Insert Table 5. 3 here

Several generalizations were made on the basis of our experience with the deaf. It must be remembered, again, that these conclusions are based on experiences with a very few

Table 5.3 Nonverbal cues and the emotional states inferred by deaf subjects

Inferred Emotional State	Nonverbal cues
1. nervousness, embarrassment, anxiety	a. talking while moving hands (rubbing and wiping) or playing with ring
	b. looking down
	c. can't sit still--moving body
2. guilt	a. eyes and face suddenly come down, expression "swallows back" or collapses when the counselor "hits home"
3. something difficult or painful to talk about	a. uneven breathing and jerky body movement
4. frustration	a. excessive jerky body movement
5. covering up anger	a. smiling--yet eyelid closing and wrinkling underneath eyes
6. depression	a. little facial movement yet "shrinking" body figure as if hiding oneself
	b. whole face looks down
7. listening	a. folded hands
	b. less movement and very little head nodding
8. emphasizing something	a. raising eyebrows
9. forcefulness	a. snapping forward of the head and whole body including arms and shoulders
10. understanding and trust	a. sitting back relaxed eyes not blinking but "focusing" on the other person
11. sincerity and realness	a. uses a variety and range of expressions
12. boredom	a. head tilts and rests at angle
	b. "doodles" with fingers or book or other object
13. rapport	a. moving closer to each other

Table 5.3 continued

Inferred Emotional State	Nonverbal cues
14. feels something is wrong but can't express it	a. gazing down and moving the head to a bowed position
15. controlling behavior ("masking")	a. stiff posture, tenseness, unexpressive "frozen face," limited repertoire
16. reflectiveness	a. intensity of eyes b. forehead wrinkled and downcasting of the eyes
17. not wanting to see or be seen	a. taking off of glasses b. looking away

Each subject focused on his "favorite" body part in judging the client. Although each subject used a number of different body parts at different times, when inferences of the state of the client required recognition of a "Denial" (Cells 7-9) statement, each subject focused on his favorite area--one focused on the mouth, another on the eyes and the area just below the eyes, a third on the movement of the head and a fourth on general body posture. It became apparent to us that many parts of the body (perhaps every part, to some extent) reflect a person's feeling state. Projection was apparent on the part of the subjects. Two of them spoke at length about their own concerns. It was apparent in reviewing their cues and inferences that they frequently projected on to the client concerns which were really a function of the subject's own dynamics. These projections were only rarely accurate for the client. States of discomfort were more quickly recognized than enjoyable or pleasant emotional states (See Section III, Chapter V, this report, see also Argument, Section I).

Each subject believed that the more familiar he was with the client (the more times he saw him in a sequence) the better able he was to guage the meaning of the client's behavior, but no improvement was found in each subject's accuracy score between the first and last scenes in those sequences of the Affective Sensitivity Scale in which the same client reappears for a few scenes (sequences in the Scale contain from two to six scenes). This seemed to belie the notion that the more familiar subjects were with the client the better able they were to use the nonverbal cues.

Flexibility of face and body, rapid changes in bodily and facial pose, were taken as evidence that a person was not attempting to feign or deny his feelings. Stiffness and limited facial repertoire were taken as indicative of denial. One deaf subject explained this as follows: "When a person decides he will mask his behavior there are only a very few masks he has and so he carefully contorts his face until the right mask is achieved. Once achieved, he tends to maintain the mask, or exchange it for only one or two others. When he becomes truthful, though, his face is loose, flexible, it has many, many appearances."

CHAPTER III

FACILITATING RESEARCH

In the previous chapter we described ways in which the revised typology seemed to have some value for observing and inferring the function of nonverbal behavior. In this chapter we report the results of a study in which the usefulness of the typology for research studies is evident.

Acquaintance, Sound, and Judgment

The Problem

It is commonly accepted in both folk wisdom and in professional counseling or other applied social science settings, that acquaintance or exposure of one person to another "breeds" knowledge, one of the other. That is, it is generally "known" that one cannot accurately judge another ". . .until you get to know him". Maccoby (1965) asked teachers to judge, without sound, whether a student knew the answer to a question or not. The teachers viewed students' facial expressions as the students considered a problem and then began to answer the question. Teachers were unable to perform at better than chance guessing when they tried to judge whether the students knew the correct answers or not! The more startling finding, however, was that teachers did not rate with any improved accuracy when they rated students who had been in their own classroom for sometime, then when they rated students whom they had never before seen. On the basis of Maccoby's findings one may not conclude that the folk wisdom about exposure and knowledge may be rejected. Maccoby's teachers rated on behaviors not really relevant to daily interpersonal discourse or professional encounters. One might still maintain acquaintance does help one to judge better the emotional level and communication of another.

The typology we developed was useful to us as we searched for ways to test the assumptions that nonverbal behaviors are not common across all people within a society, but rather that these behaviors are idiosyncractic and must be learned for each person one is to judge. A second concern was to find out as much as we could about the accuracy in judgment in the absence of sound.

Design

The overall design involves creating scripts for actors which would permit the portrayal by the actors of situations which clearly fit a specific cell in the typology. These scenes are presented to groups of peoples so that some people are given ample opportunity to become acquainted with each actor before they take judgment about the feelings of the actor; while another group of people are given almost no opportunities to become acquainted with each actor before making their judgments. The same procedure was then repeated with a third and fourth group of people but without sound. Accuracy of judgment could then be prepared across four conditions. The conditions are referred to as (1) (with sound, A-V) and (2), (without sound, V). The condition in which maximum exposure to each actor is provided is referred to as (3) Sequence, and the condition with a minimum of opportunity to become acquainted with each actor is referred to as (4), Random.

Procedure

We created a series of 26 brief situational descriptions based on the cells in the revised typology described in the preceding chapter of this section. For each cell, we had created at lease one relevant script, like the following:

Denied, High Affect
(Cell 9)

You and your father have been in a discussion about an increase in your allowance. You have never really gotten along with your father. This is not the first time you have talked about this. Your feeling is that probably he won't listen and you feel somewhat defeated before you enter the room. You're not aware of your deep anger and resentment at your father's attitude about you.

Congruent, High Affect
(Cell 3)

Your child has won a state contest on a project which he spent considerable time and effort constructing. You are very proud of him and want him to be aware of your feelings, both for his sake and for yours.

Distorted, Medium Affect
(Cell 5)

You are seeing your college roommate for the first time in a number of years. You were close--the closeness was relatively intent--when you see your roommate words are not enough to express your happiness. You would like to hug or kiss but cultural mores are such that this would be most inappropriate. You want to express your happiness, but of course within the confines of social mores. Remember words are just not enough.

The applicability of these situations to the typology was pretested by presenting the script situations in written form to 30 graduate students in counseling. These students were asked to classify the scripts according to the typology which was explained to them very carefully. Based on the information we obtained from these judges, seven scenes were finally selected from the pool of 26 on the basis of high interjudge agreement (low variation in classification) and adequate representation of the typology cells (variety). Those scripts selected were used to construct a video tape presentation. Of the original pool of scenes, none were judged in the pretest to be of the Distorted or Denied category under conditions of low affect. Four actors, three amateurs and one professional, were used to portray the scenes. Three of the four actors were male, one was female. Each of the four actors were given three of the seven scripts related to the same cells in the typology (Cell 3, High Affect, Congruent; Cell 6, High Affect, Distorted; Cell 5, Medium Affect, Distorted). To allow representation for the other cells (except for the Low Affect, Denied or Distorted which had been eliminated on pretest) actors were permitted to choose a fourth scene from the pool of scripts. Three of the actors selected one of the Denied Cells (7, 8, or 9). Each actor redid a scene until he and the project staff felt that his behavior coincided with the script and the cell it was meant to portray.

For use in the Sequence condition, we decided to precede the showing of the four scene sequence for each actor with an additional opportunity for judges to become acquainted with the actor. To accomplish this, each of the actors was videotaped as he spontaneously answered the following questions:

1. What makes you happy, makes you feel good?
2. What makes you feel sad?
3. What makes you angry, mad?
4. How do you like school?
5. What do you enjoy most about other people?
6. What do you enjoy least about other people?

In the Random condition, the order of scene presentation was rotated across actors so that the three "common" scenes were not presented in the same order by each actor. This rotation was also designed to eliminate, where possible, successive presentation of the same scene by different actors.

The judges were volunteers from under-graduate courses in English, education and counseling, at Michigan State University. A total of 129 judges were randomly assigned to experimental conditions in the following manner.

	A - V	V
Random	n = 31	n = 29
Sequence	n = 37	n = 32

A-V--Video tape with sound
V--Video tape without sound

The video tapes were administered to the samples of judges on group basis over a period of several months. Groups ranged in size from 4 to about 20 judges. Presentation was carried out in television monitor equipped classrooms. Time was allowed for the rating form instructions to be explained, and for any questions about the procedure to be answered. Instructions were kept the same for each of the four experimental conditions with the exception of a final statement informing the judge to expect verbal or nonverbal, sequence or random presentation of the video tape. Scenes used in the four conditions were identical. Order of presentation and the presence or absence of the introductory scene (in the sequence condition) and sound were the only alterations made. About three minutes were allowed between each scene to allow judges to complete the rating form for that scene. Administration time of the video tape for the random conditions was about 45 minutes. The sequence condition tape, due to the addition of the introductory (non-rated) scene for each actor, consumed about an hour.

A simple rating sheet for each scene required that a judge check the extent of affect (high, medium, low) and whether the actors portrayed a statement which was congruent with, distorted or denied the nature of the affect. We also asked each judge to rate on a 7 point scale the difficulty he encountered in rating each scene.[1]

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[1] We also had asked for ratings on ten adjective-opposites, but this data was later discarded when analysis convinced us that our adjectives were not well chosen and that the resultant factors were uninterpretable.

Because a pre-test group of advanced graduate students in counseling had rated the seven situation scenes into different cells of the typology with high agreement, this rating was used as an accuracy criterion for placement of the scenes by the 129 judges. Each subject was scored for the correctness of his classifications across the 16 scenes presented. Further, for each subject, his perceived difficulty in rating the scenes was also summated and averaged.

Analysis and Results

Presumably many forms of analysis could be considered in light of the number of variables in the study. However, our immediate intent was to investigate the main effects and first order interactions of correct classification and perceived rating difficulty as a function of the four basic experimental conditions described above. The specific hypotheses were:

1. Classification would be more accurate in the sequence than in the random conditions.
2. Classification would be more accurate in the A-V conditions than in the V conditions.
3. An interaction would occur such that classification would be most accurate in the sequence A-V condition and least so in the random V condition.
4. Perceived difficulty of classification would be greater in V than in A-V and in random than in sequence conditions. Difficulty would be greatest in the random V condition (in essence, accuracy and perceived classification difficulty would be correlated).

Results in relation to the above hypotheses, were a mixture of the unexpected, the significant, and the nonsignificant.

As indicated in Table 5.4, accuracy of judgments of the affective level of each scene (high, medium, low) differed significantly between conditions. Subjects were more accurate in judging the level of affect with audio than without. Subjects were not more accurate in judging level of affect in the sequence than in the random condition.

Insert Table 5.4 here

Table 5.4 Accuracy of judgments of affect level

Audio-Visual Condition	Order of Presentation	
	Sequence	Random
A - V	$\overline{X} = 6.433$	$\overline{X} = 6.065$
V	$\overline{X} = 4.937$	$\overline{X} = 5.483$

Source of Variance	df	Mean Squares	F	p
AV - V	1	36.68	12.03	.01
Sequence - Random	1	.08	.026	ns
Interaction	1	6.74	2.21	ns
Within	126	3.05		
Total	129			

$\overline{X}$ = average number of scenes judged correctly by each group of subjects. Possible range is from 0 to 16.

As indicated in Table 5.5, accuracy of judgments of the type of statement (congruent, distorting, denying) of each of the sixteen scenes did not differ scross conditions. A tendency toward significance in favor of the With Audio (A - V) condition over the Without Audio (V) condition is noted (F of 2.248 observed; needed for p .95, 3.92).

Insert Table 5.5 here

As indicated in Table 5.6, subjects perceived their rating tasks were significantly more difficult in the Without Audio (V) conditions, but subjects did not perceive that their rating task was easier in the sequence condition

Insert Table 5.6 here

Table 5.5 Accuracy of judgments of statement type

Audio-Visual Condition	Order of Presentation	
	Sequence	Random
A - V	$\bar{X}$ = 7.27	7.13
V	$\bar{X}$ = 6.50	7.03

Source of Variance	df	Mean Squares	F	p
AV - V	1	8.07	2.248	ns
Sequence - Random	1	.47	.130	ns
Interaction	1	2.48	.691	ns
Within	126	3.59		
Total	129			

$\bar{X}$ = Average number of scales judged correctly by each group of subjects. Possible range is from 0 to 16.

Table 5.6 Difficulty perceived in making judgments

Audio-Visual Condition	Order of Presentation	
	Sequence	Random
A - V	$\bar{X}$ = 48.81	$\bar{X}$ = 46.45
V	$\bar{X}$ = 61.65	$\bar{X}$ = 53.48

Source of Variance	df	Mean Squares	F	p
AV - V	1	3,238.18	23.06	$<.01$
Sequence - Random	1	776.26	5.53	$<.05$
Interaction	1	333.63	2.38	ns
Within	126	140.40		
Total	129			

$\bar{X}$ = Average difficulty level for the 16 scenes, rated on a seven point scale. Possible range is from 16 to 112.

Discussion

The findings seem to indicate that increased and consistent exposure to an actor does not increase one's ability to accurately judge the actor's emotions or to make accurate inferences about the function of his behavior; however, examination of the means in all groups suggests that subjects did not score very high under any condition. This could have been caused by poor acting, inappropriate scripts (perhaps too subtle), not using more expert judges, or simply not having a valid typology. The data allowed analysis of one of these possibilities. As indicated in Table 5.7, two of the actors (one, a female amateur, the other the only professional actor in the group) seem to facilitate the subjects' task. Subjects obtained higher accuracy scores in judging scenes by Actors I and II

Table 5.7 Mean accuracy scores with each actor combining all treatment conditions

	Actor I	Actor II	Actor III	Actor IV
Affect level	1.980	1.488	1.238	1.151
Statement type	1.630	2.130	1.520	1.635

Means derived from number of scenes judged correctly over four scenes. Possible range is 0 to 4.

Separate analyses were computed for these two actors. Means and analysis of variance is presented in Appendix P. In general, the data from the two "better" actors supports the main conclusion reached. Sequence scores are not higher than Random scores. Subjects were more accurate in judging affect with audio than without. In judging statement type, the tendency toward significance favoring the A-V condition over the V condition, reported earlier in this Chapter, achieved significance ($p < .01$) in the two-actor analysis. Perceived difficulty was as before except that a significant interaction is noted.

Conclusions

The revised typology seems to have been useful in structuring elements of nonverbal behavior in that hypothesis generation, design, and procedures for collection and analysis of data was facilitated.

In all conditions, the level of "correct" classification was considered to be low, indicating, most probably that criterion measures for correctness and the quality of the videotaped scenes could have been better. Replication of the study reported here is, of course, needed after refinements are made.

Within the delimitations of the procedures employed it appears that perceived difficulty of classification was affected by both emotion level rating and statement rating. Further, contrary to expectation the sequence condition was perceived as making scene rating slightly more difficult though it made no consistent significant difference on actual classification errors. The sequence condition was not judged more accurately than the random condition.

These results imply that nonverbal behavior has common meaning across people within a culture based on the finding that increased exposure to an actor does not improve one's ability to judge the behavior of that actor. One may argue that the videotape did not permit interaction and feedback between judge and actor. Certainly this is true, but Maccoby's (1965) teachers had ample interaction with their students and they judged no better than with students whom they didn't know. One might argue that a few minutes of videotaped behavior, no matter how sequential or non-sequential, does not provide enough time for a judge to come to know a person. This criticism should be taken into account in any replication one would have expected some increase in favor of the sequence condition. Not even a trend was observed. On the basis of the data it is concluded that nonverbal behavior may be idiosyncratic for a culture or society but it is not unique for individuals within that society. Whatever else familiarity may breed, it does not breed more accurate judgments.

SECTION VI

STUDIES IN TEACHING-LEARNING

Previous studies of the teaching-learning process have been made of group reactions to various films and teaching sequences, using recording devices to register interest, attention, boredom, and other characteristics. But except for the original use of the stimulated recall technique by Bloom, Gaier, (1954) and others, studies of individual reactions to teaching have been rare. The programmed learning movement has benefitted greatly from feedback resulting from the reactions of individual students to programmed material. But this has not been transferred extensively to face-to-face teacher-pupil interaction.

Teaching-learning research during the first two years (1963-65) of this project employed the IPR process to examine what was occurring in the individual student at points in the learning process. Through IPR, we explored the student's strategy of learning and the teacher's strategy of teaching as well as the meshing of the two. Our aim was to conduct some pilot studies which would determine the kinds of evidence IPR would yield in a teaching-learning situation and thus what questions it could be used to answer. The pilot studies, though necessarily successively more focused, were also examined to determine the resulting data's potential use for purposes outside their original design. The research activities conducted after March 1965 are derived directly from our initial pilot studies. Chapter I provides an overview of the earlier work.

Chapter II is a report on the development and refinement of the Learning Strategies (LSQ) Questionnaire as a measure of our concept of learner strategy. A series of studies investigating the reliability and validity of the scales are described. They deal with the relationship of the LSQ to grade point average, various scales of learning style, and a variety of predictors of learning style.

Chapter III reports a controlled study which was an attempt to change learner style.

CHAPTER I

EXPLORATORY STUDIES

Three pilot studies were used in our initial inquiry into the teaching-learning process.

Pilot Study I

The first study consisted of a limited number of IPR's designed to learn what kind of data on teaching-learning was yielded by the IPR process. The usual IPR arrangement was used: two chairs for the participants were faced diagonally toward each other and a coffee table separated the chairs. For some of the sessions, large sheets of paper to be used as a "blackboard" were hung on the wall behind the teacher's chair so they, too, could be picked up on the video tape.

Three of the IPR's from those done in this pilot study may be used to summarize the results of this phase. In the first IPR, the teacher, a project staff member, chose factor analysis as a topic in which to instruct another staff member who was not acquainted with the topic. At this point we sought to use participants with introspective ability and who would be motivated, because of their interest in the project, to participate fully in the experiment. The format was a lecture interspersed with comments or questions by the learner and with clarifications by the teacher. The 15-minute session closely resembled a tutoring situation.

A second experimental IPR of this pilot study involved the same teacher. His student was one of the secretaries who had been closely associated with the project. Thus she, too, because of her interest in the project, was motivated to participate as fully as possible in the process. The teacher in this experiment emphasized the latter. The secretary, although a part-time college student, had had no contact with statistics although she had heard many of the terms used in the discussion. The format of this experimental IPR was largely lecture; the student did not respond with questions or comments, other than a few indications of understanding, except when asked to respond. This structuring of roles resulted despite the lecturer's assurance that he wanted the student to interrupt whenever she became lost and did not follow the presentation.

A third IPR involved a public school teacher and one of her third-grade students. In this IPR our purpose was to see whether the technique was useful with children this young; the teaching situation was a simple explanation of some arithmetic concepts with which the child was not familiar. The interview was only 15 minutes in length; the recall interview was also kept short because of the child's shorter attention span.

These IPR's led us to see the kinds of information that the process would have us expect from our studies. Teacher strategy, learner strategy, the role of affect in learning, the effect of feedback on teacher and learner, and the usefulness of IPR at various ages were among our observations.

Teacher Strategy

Teacher strategy in these sessions was largely dictated by a perceived logical structure of the subject matter, the goal being to have the student gain a conceptual understanding of the material sufficient to be able to explain it in his own words. On recall it appeared that the teacher modified the presentation to fit the perceived level of understanding of the material by the student, but not always accurately. Thus some simple things, such as the blocking out of part of a diagram, caused some trouble in student understanding that was not perceived by the teacher, resulting in lost time and frustration of the part of both. Had the teacher used the makeshift blackboard in a clearer way, it would have markedly facilitated understanding. This was a first clue to the importance of written material on the board accompanying a verbal presentation.

Another interesting phenomenon was the way the teacher alternately attended to the student and then "tuned out". (This same phenomenon seems to occur in counseling.) When the teacher knew exactly where he was going, and when he was in the midst of a familiar mode of presentation, he attended to the cues the learner offered him. When, through a question or because of lack of understanding on the part of the student, the teacher was forced to make changes and to restructure the presentation, he became preoccupied with his thoughts, seeming to pay more attention to planning where he was taking the discussion next, than to the immediate subject. This observation suggests that an effective teacher should be aware of his tendency to "tune out" occasionally with some aspect of the presentation, and should be able to alter his behavior either to eliminate "tuning out" or to substitute other behavior for it. Since "feedback" from a learner may be blocked by the "tuning out" until it is too late to alter a presentation, failure to be aware of the "tuning out" may critically limit teaching effectiveness.

Learner Strategy

We defined learner strategy as any technique a learner might employ in order to select, structure, or clarify the material being presented to him. It was our tentative thought that a learner might have a particular strategy which, with variation, might be his typical behavior in most learning situations. The pilot IPR dealing with instruction on factor analysis and involving two project staff members yielded the most fruitful information about strategy. The learner in this case found himself grasping points in a series until conceptual understanding was formed; he likened this to a "stepping-stone" process in which he received, understood, and assimilated an idea and then used this base as a point from which he, in effect, reached out to try to grasp the next concept. When the next concept was heard and understood, he "pulled himself" to that new point, assimilated it as part of his understanding, and used the total basis as a point from which to reach for the next concept in the sequence.

Disruption of this sequence of knowledge and assimilation apparently results in various kinds of "loss of balance". If the learner must leave his base in order to reach for a new point, and cannot reach it, he finds himself in the chasm between the two, losing his basis on past points and unable to grasp the next. At this point confusion occurs and the learner "lets go" of the previous material and seeks for new secure footholds, hoping to go back later and fill the gap.

> I don't understand at the moment /but/ if we go a little bit further, somehow it will all click together; he'll repeat it somehow or some new illustration will make it all fall into place. /I'll/ tag along rather than continually interrupting him.
>
> I'm doing both things, thinking back to that which I missed and still trying to kind of follow that which is new; I think in my thinking process I found myself rehearsing back at other times when I knew what was going on--periodically retracting it instantaneously in my mind.

The nature of this strategy and its potential implications for restructuring a teacher's presentation led us to ask: "How many strategies must a teacher deal with?" "How different are they from one another?" "How strongly do they affect learning?" "Does each affect what is learned differently?"

The Role of Affect in Learning

The third area of general conclusions drawn from this first set of IPR's involves the role of affect and its relationship to learning. In our experimental IPR's the feelings of the learners were clearly in evidence on recall. Several trends in affective responses to the learning situation were observed. One was the learner's desire to please the teacher and to encourage him.

> I get the feeling he assumes that I am with him and I don't want to disappoint him by showing him that I'm at any time more than one step behind him. It would be terrible to show him that I'm two or three steps behind him. . . Now I feel I'm up with him and it's a real nice feeling of accomplishment.
>
> I was quite confused and I gave him a very tentative kind of "yes", but again there is the concern that he is saying to me, "Ah, isn't this clever?" and I don't feel like saying at the moment that "Yeah, it's clever, but I'm not."

The most interesting aspect of affect demonstrated by this study is its relationship with the learning process. It is clear that all aspects of affect--desire to please and to "look good", momentary annoyance and hostility, or reactions toward oneself--enter into learning either to facilitate or to hamper the learning experience. This study demonstrated to us the importance and the variety of affect as a major component of the learning situation and suggested that the IPR process is a useful means of investigating it through feedback.

The Effect of Feedback on Teacher and Learner

The role of IPR experiences as feedback centers on the recall session. Both the learner and the teacher benefit from the experience of confrontation and subsequent self-insight. The learner is able to see, often with embarrassing clarity, the mistakes and inconsistencies in his learning strategy. He is able thus to observe objectively his learning strategy and affective reaction.

The teacher also benefits from the feedback experience of observing his behavior in these same two areas. The teacher can see the strengths and weaknesses of his instructional methods as well as the learner's reaction, and can postulate changes which might result in more effective learning. In addition to insight into strategy and teaching behavior, the teacher gains insight into his affective reactions and the way they relate to his or the student's cognitive processes. Irrefutable evidence about his behavior may be disturbing, but it may also motivate change.

Since our IPR studies showed that insight on the part of both teacher and learner does occur, and since learning and personality theories suggest that insight can be translated into action, IPR may have the potential to change behavior. The Tintera (1963) study, the Hunter College study (Schueler, 1962), and Project I at Syracuse University also used feedback to the teacher, although without the benefit of student recall, to effect change in behavior. Although both the Tintera and Hunter College studies showed no difference between feedback-trained and conventionally-supervised teachers, this may suggest not that feedback via TV has no effect, but that we are using too diffuse a training process and too diffuse a criterion. This may also have been one of the problems in the first IPR study of educating counselors. Yet there is now clear evidence that insight does occur with the IPR experience.

IPR with Varying Ages

A third IPR involved a young child as the student. We knew from a series of IPR's studying the role of affect on the Bender-Gestalt Test of problem solving[1] that the IPR technique is moderately effective with ninth graders. We used a local teacher and one of her third grade pupils to go still further down the age scale. The teacher chose a student deemed particularly receptive to this sort of process. Both child and teacher seemed comfortable enough in the session, but resulting IPR gave almost no insights about learning processes not visible in the original session. The child was unable to probe deeper into her own actions and feelings although the recall interviewer seemed to have good rapport with her.

Whether this was caused by lack of introspective ability or inability to verbalize feelings was not clear. This IPR thus tended to confirm a generalization that had been growing from previous experience, that highly verbal adults of college age or older are the best subjects for IPR study.

In summary, the first pilot study in teaching-learning yielded insight into a number of important processes. The concepts of teacher strategy and learning strategy were examined, the role of affect in the learning experience was revealed for both participants in the interaction, and the usefulness of IPR as feedback to both the teacher and the learner was observed. The observation that IPR is most effective with older children and adults was confirmed by an IPR with a third-grade student. These conclusions led us to further inquiry into IPR as a research tool in investigating the teaching-learning process.

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[1] Sara Torres of the University of Puerto Rico completed this study in our studio.

Pilot Study II

The second IPR pilot studies focused in a somewhat more controlled manner of the following elements of teaching-learning interactions: teacher student, learning time, and content area. These studies were arranged so that the elements could be systematically varied. We also studied other aspects of the learning situation such as affective responses and strategies of teaching and learning. These second areas of attention eventually resulted in the most fruitful findings of the study. The following observations are drawn from this series of IPR's.

Continuity

The first observation was that continuity of learning is of critical importance to the student, and if the material is too difficult the continuity is broken by misunderstanding. Several examples from these learning situations demonstrated this tendency. When the student's early questions went unanswered, the result was subsequent confusion, compounding the problems of new learning. When closure on a subtopic or an idea was not given to a student seeking such a structure, he found it difficult to continue understanding the rest of the lesson. The student desired a certain level of complexity suitable to his understanding of the topic; he was confused with too complex material and was insulted by oversimplification.

Content and Strategy

Content and strategy in the learning situation were found to be closely related. The teacher and student both monitored each other's reactions in order to modify their own strategy of learning or of teaching. For example, a perception of student difficulty with content causes the teacher to alter his strategy by slowing down, repeating, or clarifying his points; if the teacher's perception of the difficulty proves incorrect, his change in strategy may worsen the situation instead of improving it as intended. This sometimes occurs because, as Maccoby (1965) reported, teachers are often quite insensitive to nonverbal cues and able to read them only with considerable training. An example was one case in which the teacher perceived the student's expression and nonverbal behavior as demonstrating confusion, while in reality the student was more interested and involved than he had been in the preceding minutes. The teacher's perceptual error in this case led him to slow down and to clarify his presentation, which in turn led to the student's loss of interest and his feeling of insult because he was now "being talked down to". This particular case illustrated the dynamics of a relationship in which the particular persons involved grow farther and farther apart because of adjustments intended to bring them together. In another case a student became bored and angry with her teacher when he presented an idea by reading a list of points from a paper he held; her anger resulted from a feeling of being ignored, from annoyance with the teacher who supposedly knew his field but yet had to read his lesson, from impatience with what she recognized objectively as a poor teaching technique, and from the conviction that she would not learn from this teaching strategy.

Content and Strategy Related to Affect

Third among our observations involved the relationship of content or strategy with affect. For example, the student might see the teacher's strategy or "tactics" and react negatively to them as strategy. Such a negative reaction then would color learning. Or as in another case, the student who has been "coasting", or not attending to the development of the topic, finds suddenly and to his consternation that he must catch up somehow because the material is becoming unfamiliar; the process of catching up is difficult, and consternation compounds the problem.

Field Detachment

The fourth area of interest in this study was recurrence of the "tuning out" or "field detachment" phenomenon which has been observed in other subjects in Pilot Study I. In this process the individual "tunes out" whatever is happening at that time and turns his mind momentarily to review. to plan subsequent behavior, to assess the course of the learning-teaching situation, or otherwise to examine the interaction in which he is involved. In the case of the teacher, field detachment occurs most often when he is planning the next few words and at the same time is speaking words already planned. The teacher who is "tuned out" may be only a word or a phrase ahead when the material is unfamiliar to him, or if the material is very familiar, he may be far ahead, planning the entire conversation or assessing the reactions of the student. The student's field detachment, on the other hand, generally involves points at which confusion occurs, mental wanderings due to distraction or boredom, or occasions in which the student is looking ahead at whatever might come. Whatever the content of the field detachment, its occurance is verified by evidence from IPR recall interviews. For example:

> RECALL
>
> TEACHER: I didn't think at the time I was blocking him out but it turns out I didn't hear a thing of his previous

statement. Notice how fast I go on to the next point without giving any reinforcement or any comment. The blocking out is due to the time element, a sort of 'shut up and let's get going'.

My explanation here is well mapped out; my mind is about a half sentence in advance of my voice.

The pauses in my speech may be due to thinking further ahead. The slower speech comes when I'm increasing from normal thinking of a half sentence ahead to new thinking at one or two sentences ahead; when I've achieved this distance I'll start talking fast again.

RECALL

STUDENT: Here were I looked away I'm thinking 'good grief this is too much to remember'; I'm looking away the whole time and not even listening because it's a stupid teaching technique anyway. . .Whenever I glance away from him there's some meaning to it--I'm thinking of something else.

This latter observation raises an interesting question--under what conditions does field detachment occur and how does its occurence differ with better and poorer learners? Can knowledge of the phenomenon be used by teachers to "pace" better their presentation?

In summary, the second pilot study provided further means for studying particular elements of the teaching-learning process. A closer examination was made of these elements, and also of other aspects of the process--affective responses, field detachment, the relationship of strategy to content, and the role of continuity in learning. Perhaps most important in this study was its verification of some of the findings of the first study--namely, the presence of affective components in learning, and the function of learning strategy.

Pilot Study III

This study was structured to examine a more specific aspect of learning behavior--learning strategy or style. Our basic assumption is that the individual carries with him a particular predilection toward certain actions in any learning situation. This assumption raises such questions as: If people bring a set or strategy to problems, to what extent does the set vary from problem to problem? Are there different problem-solving sets? Do individuals differ in the stability of the set they use? Do the sets account for much of the variation in problem-solving by contribution to or detracting from problem solution?

The IPR process was viewed as a means by which these and other questions could be answered. Assuming a pervasive strategy or set within the learner, the purpose of Pilot Study III was to examine the nature of learner strategy and to study the variations in behavior among persons with various learning strategies. Thus the study involved, first, selecting students with various strategies of learning, second, exposing them to a learning situation, and third, analyzing their behavior in relation to their strategies of learning.

Support for the assumption that a learning set exists for individuals is evident in many psychologists' writings dealing with cognitive style. David Rapaport (1957), for example, in discussing the general assumptions underlying a consideration of cognition theory, reveals his perception of cognitive processes as a constant: "a theory of cognition must. . .assume that both the cognitions and the tools of cognition that emerge from cognitive processes are organized in some quasi-permanent and orderly fashion in the mind."

Others have sought to describe cognitive strategy as a pattern or style. In his search for styles in inquiry, Shulman (1963) defined a continuum of styles ranging from the dialectical, in which the objects of one's attention are predominantly the complex, ambiguous, and uncertain elements of the environment, to the didactic, in which the individual strives for more immediate, certain, and unambiguous closure.

Kagan, Moss, and Siegel (1963) found general groupings of cognitive style falling into three categories: analytic-descriptive (concept formation based on the ability to see elements of objective similarity among the stimuli), inferential-categorical (concepts based on an inference about stimuli grouped together), and relational (concepts based on some form of functional relationship). More recently, Siegel (1965) has suggested an alteration of this system into a two-dimensional scheme in which comparison of the analytic-descriptive dimension with the relational-contextual dimension results in four types of style: analytic-relational, descriptive-relational, analytic-contextual, and descriptive-contextual.

Bruner, Goodnow, and Austin (1956) postulated four strategies by which their subjects proceeded in a task: (1) successive scanning (testing a single hypothesis at a time in order to arrive at a solution), (2) simultaneous scanning (using each instance encountered as an occasion for deducing which hypotheses are tenable and which have been eliminated), (3) conservative focusing (finding a positive instance to use as a focus, then making a series of choices each of which alters but one aspect of the original instance, and (4) focus gambling (using a positive instance as a focus, then changing more than one attribute value at a time).

One general theme pervades the strategies hypothesized in the literature; all suggest an underlying continuum of strategies from a gbobal to a detail orientation. Applied to the typical classroom presentation, for persons on one extreme of this continuum, the details of the presentation would constitute the major focus of attention, the "figure" in a Gestalt sense, and the major thesis would constitute the "ground". For persons on the other extreme of this continuum, the details might receive less attention as the person continually tries to attend to and piece together the larger picture of the presentation. We chose to refer to the detail-oriented person as a "focuser" and to the more globally-oriented person as a "scanner". The "focus" extreme of this continuum is closely related to Shulman's didactic seeking style, Kagan's category of analysis-description, and Bruner's concept of focusing. The extreme called "scanner" of our hypothesized continuum closely parallels Shulman's dialectical seeking style, Kagan's category of inference-categorization, and Bruner's concept of scanning.

Having selected a learning strategy continuum for the study, it was necessary to provide for variety in the extent to which strategy is used in learning behavior. It is conceivable that students vary in the persistence with which they use a particular strategy, or the flexibility with which they use strategies. Interchangeability of strategies, for example, would illustrate the flexible use of strategy, while persistent use of only one strategy would be inflexible behavior. Since the concept of general flexibility seemed a significant determinant of learning strategy, flexibility became a second major variable examined in this study.

A third variable of great practical significance is the effectiveness of learning. Which strategy and its flexible or inflexible use is most effective? This became the third major variable in this study.

The Experiment

The third pilot study of the teaching-learning process employed a film as the teaching stimulus for 12 female college sophomores chosen from 500 students taking a course in Educational Psychology. The sample was chosen to represent the extremes of three dimensions chosen as potentially the most salient variables in learning style: learning strategy hypothesized as a continuum ranging from focusing to scanning; flexibility; and efficiency of learning as represented by grade point average. Information on these three dimensions was gathered on a self-report questionnaire[2] dealing with typical learning behavior.

Procedure

Each subject was videotaped as she viewed a film about chemistry. The recall session of the IPR consisted of three parts: (1) the experimenter asked several general questions to estimate the student's grasp of the film's main points, and then the student was asked to recall as much from the film as she could, first without, and then with notes; (2) the videotaped learning session was replayed, the experimenter stopping the tape at ten prescribed points plus any other points which, for that particular student, seemed to be important; and (3) the video tape was replayed a second time, the student stopping the tape to discuss points she considered to be important in her learning. Data for the 12 subjects thus consisted of information on each of ten prespecified critical points in the instruction, plus additional information on other aspects of each student's learning experience. These specific data were analyzed separately but were also summarized into general statements of strategy, of notetaking behavior, and of the relationship of affective reaction to learning behavior for each student.

Results

Strategies.--Analysis of these data yielded several general findings. First, the hypothesized continuum of learning strategy was confirmed; students exhibited learning behavior which would place them somewhere along a continuum from extreme focusing to extreme scanning. More information concerning a student's strategy was to be found by listening to tape recordings of her reactions than could be specified on data sheets, suggesting that learning strategy is a very subtle trait, manifesting itself in a wide variety of behaviors. Variations in learning strategy were found to be related to flexibility, particularly in those persons closer to the center of the focus-scan continuum. The entire continuum from extreme focusing to extreme scanning was hypothesized on the basis of our study of the extremes to include four or five gradations of behavior, the strategies toward the center of the continuum employing a mixture of the extremes or vacillations between them. Students' behaviors also differed widely in their attempts to recover lost material of varying difficulties.

Notetaking.--Second among the findings was a variety of information on notetaking behavior. The critical problem in notetaking seems to be how to determine what is important enough to take down. Many students are "test-oriented" in that this decision on the importance of the material to be noted is guided by past experience with the kinds of information required on examinations. The problem of writing while listening was also studied; students varied in their strategies of using both the "writing" and the "listening" channels at once. Some students incorporated a third step in the process, that of synthesizing the material heard before writing it down. As the material being heard varied in difficulty, two strategies of notetaking were observed. The content of notes was found to be related to general learning strategy: the scanner tended to take down topics, themes, and main ideas and the focuser emphasized details, facts, and formulas. The phenomenon of "tuning out" or "field detachment" was also observed; students often "tune out" the lecture while taking notes, particularly on complex or abstract topics. The more effective learners, usually scanners, seemed to understand the style of the teacher and generally chose logical points at which to "tune out" and write notes. Usually transitions on subject matter were recognized as were points at which they "knew" the teacher would not be saying anything new or important. Another effect in notetaking was that of a "threshold"; in listening to the explanation of a concept some students take no notes at first but listen intently until reaching a point, or threshold, when they feel they have the idea well enough in hand to write it down. The student may or may not listen to the remainder of the explanation after having reached the "threshold" point.

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[2] The development of this instrument is described in detail in Chapter II this section.

Attention.--Several strategies of attention were observed at a particular point in the film where a visual aid (two graphs) were shown and the lecturer discussed it. The "strategies" of attention were (1) paying attention to whichever means convey information more clearly (this implies momentary attention to both before one is chosen), (2) paying attention to the visual only, and (3) paying attention to only the verbal presentation. Among our subjects the scanners used the first strategy, while the focusers exhibited a tendency to restrict their attention primarily to one or the other single modes.

Affective Responses.--The role of emotion, or affect, in learning had been confirmed in our two earlier pilot studies, and we did not seek originally to pursue this aspect of learning at the present time. Three observations were made, however, further demonstrating the varied role of affect in learning. First, the adoption of a "protective set" was observed in several of the students. They tended to admit failure before even failing, prefacing the answer to nearly every question with "I don't know. . .", or otherwise seeking to protect themselves from what they perceived would be a difficult experience. Second, affect was, in other cases, found to be a motivator of learning, forcing the student to adopt the extreme of his particular learning style. Third, the emotional component of learning was observed to result in narrowing of the perceptual field, thus forcing the students to grasp whatever was perceived at the moment, usually the details of the lecture presentation.

Inferences Regarding Teaching

One of the most interesting, though accidental, findings resulting from the IPR study was that it gave us an insight into the confusion students encounter in attempting to learn. The kinds of misunderstandings we observed seemed to be representative of general principles that perhaps ought to be structured into a useful form for those who seek to teach--a book for educational film directors or into methods books for teachers. The bulk of the methods book for teachers, for example, do not appear to include these kinds of principles.

These possibilities suggest that the IPR process may have considerable potential for a study of the teaching process. The following are a few of the conclusions we drew from our observations.

I. The use of the chalk board can be improved. We noted several principles with respect to the use of the chalk board. It may sound like a simple thing, yet the use of the chalk board can either help or confuse the student. A few simple principles might markedly improve teachers' chalk board use:

A. Begin to draw pictures at the point in the picture you wish to emphasize or to relate to the previous discussion. This was derived out of the development of a diagram in the film. The professor in the film drew from the top to the bottom and from left to right just as one ordinarily writes. The central part of the diagram which tied the picture to the previous discussion happened to be at the bottom of the picture. Thus he came to this last in his drawing. Meanwhile, the students were trying to figure out what the relationship of what he was drawing was to the material he had just been discussing. If the teacher had started his drawing with the essential portions of the apparatus, the diagram would have tied much better to the material that preceded it.

B. Put on the chalk board those things which are important to understanding the presentation and which, therefore, you want to appear verbatim in the notes. This principle was derived from comparing the things which appeared on the chalk board with what appeared in the students' notes. The chalk board tended to be used in the film for writing out formulas, or as a kind of doodling device (for instance, to note the experimental temperature). The formulas were not particularly essential to the development of understanding of the film, and the temperature, as such, was quite inconsequential--all the student needed to know was that the material needed to be kept very cold. Such important things as the relationship of the formula to the material which preceded it or where it fit the argument being developed were not put on the chalk board and therefore frequently did not appear in the notes. Students appeared to be conditioned to take down verbatim whatever appears on the chalk board. Explanatory diagrams that are unlabeled in the film appear unlabeled in the notes; it appears therefore that explanatory diagrams should include headings and labels. Important information to be obtained from a lecture or presentation should be put down in outline form if this is what the teacher wants to have appear in the students' notes.

II. Breaks in the film or in a presentation are important. We found that any break, for instance to introduce a new narrator, provides the student with fresh hope for a new start, particularly if he is lost. Breaks should therefore be appropriately introduced at various points in the development of the material. We noted, for instance, students saying that when the narrator came in to explain a diagram that this was a welcome change and provided them with an opportunity for a fresh beginning. The students then look for some repetition in the material in order to give them a chance to catch up.

III. Make clear the major idea which the student is to get from the film. If a set is not introduced at the very beginning, be sure that the material placed at the beginning does not mask it. In some instances placing the major purpose somewhat later will be better than placing it right after the introductory material. This principle was derived from a study of the introduction of the film. The film happened to be about xenon and krypton compounds. It was apparent that the director wished to capture the audience's attention by citing how rare it was that compounds of this nature have even been considered possible in the past. The fact that xenon compounds actually have been made is meant to capture the interest of the student audience. Indeed it did, for we found that the students spent time thinking back to what they knew about krypton and xenon and writing down in their notes the fact that this was what the film was to be about. It turned out, however, this was only an interest-catcher and the major purpose of the film was to demonstrate how two professors reasoned out the logical structure of an experiment and then conducted it. Thus the film was intended to serve primarily as an example of the structure of an experiment, whereas 10 of the 12 students saw it as intending to convey mainly information about making xenon and krypton compounds. Had the director interspersed some filler material of 15 to 20 seconds after the lead when he had captured their attention, and then stated the major purpose of the film, probably he would have been much more successful in conveying the main theme. With this theme placed second, as it was, the students tended to miss it completely. It is important, furthermore, that at the beginning the student be provided time to think through where the material to be discussed fits into his own general structure. This repitition of presentation of important material is again probably practiced by good teachers--important material is spread out with fillers and examples which if "tuned out" during notetaking by those students who are trying to organize their thoughts--will still permit them time to "tune in" when it is repeated.

IV. Students have built-in priorities as to what is important. Students seem to be particularly oriented to names, dates, facts, formulas and details which may or may not be important to the flow of the topic which is being discussed. One must either avoid touching these when they are irrelevant, or introduce them only at points where they are relevant to the flow of the argument. We noted, for instance, that our students tried to get into their notes the names of the two professors who were developing the experiment although this was utterly irrelevant to the whole point of the film. Other details as to when the experiment was done, and the temperature at which the experiment was carried out, were dutifully taken down and promptly forgotten. To the extent that these can be screened out or their lack of importance indicated by verbal cues, students' learning will probably be more effective.

V. Orientation statements, procedural statements and statements of the kind which lend a kind of background and orientation to the lesson are important to its understanding and important for getting at the major point of the film. These tend in many instances to be screened out, particularly by those who adopt a focusing strategy. Such students do not get these items into their notes and often disregard them entirely, although some of them indicated that they do try to pick this up from a recall of the lesson or from their reading. In part, apparently, this is a matter of deciding what is important to write down in the notes and partly a matter of what they can comprehend of the verbal material they hear. This would suggest, then, that procedural and orientation statements need to be reinforced by using the chalk board, providing outlines, or in some other way giving an emphasis to these orientation statements. Students tend to be oriented to securing facts and to remembering them. Thus, they tend to get facts into their notes. Facts in general are easily sorted out and easily recorded. Principles, or rules--in short things other than facts--probably need some kind of extra emphasis.

VI. The set which the student brings to the learning procedure is very important. The extent that the teacher can structure this before the lesson starts no doubt will markedly affect what gets into the notes and is learned. There is some research in the literature which indicates that such structuring does have some effect. We noticed in one student, for example, an orientation to pick up material relating to ionization because our original questionnaire had included a quesion on ionization as part of the information on chemistry background. The result was that this particular student put material in her notes dealing with ionization even though it was completely irrelevant to the text of the discussion. The influence of set is clearly a powerful one.

VII. Teaching situations involving two or more people or teachers are complicated by the fact that students are very much interested in the roles people play in an interaction situation. They spend time and energy trying to figure out the relative roles of the two people; this is reflected in their note-taking. In particular, they try to figure out, for example, who is the most credible source of material for notes. In the film, a British professor plays a very distinguished role, so when he speaks the students tend to think "this is important" and are more

> inclined to record his information than when the American says a similar thing. The American acts as interpreter; the Britisher has the facts. The students tended to be confused at the point in the film where the American switches roles and proposes a new experiment. Although all students seem to make inferences about source credibility, we believe it might have been only the brighter students who attended to the relative kinds of roles that the two professors played. In other words, only those who were bright enough had the extra time to pay attention to the roles. This is at least an interesting hypothesis we think ought to be pursued.

Stages in the Teaching Process

The IPR protocols are also suggestive of a number of ways of viewing the teaching process. One such structuring is to define three stages in classroom confrontation: (1) presentation-centered, (2) interaction-centered, and (3) pupil-centered teacher behavior. A good teacher may either move successively through all three stages as he gains familiarity with what he is teaching and gains experience, or he may start closer to the second stage if his pre-classroom preparation is very good. Other less adequate teachers may never escape the first or second stages.

Presentation centered.--In the first stage, the teacher is not familiar with the content and how to use it. He occasionally "tunes out" the students and attends primarily to what he himself is saying and how he is saying it. This stage is the least permeable of the three to modification by student feedback, for the teacher is primarily concerned with his own presentation or with directing the discussion. Any rational problem-solving in this stage is done largely in the context of preliminary lesson planning.

Interaction centered.--At the second stage, the teacher is more comfortable about teaching the content and is more concerned with student feedback. His response is to the class as a group, however, and he judges the quality of the lesson by group feedback and general student reaction. Classroom interaction is likely to be less pre-planned than in the first stage and the teacher reacts rather automatically, as if by habit, with intuitive rather than conscious thought about where or how to lead the lesson next.

Pupil centered.--The presentation and interaction centered stages are documented in our protocols. A third stage is an extrapolation of these data. At the third stage the teacher, comfortable enough to "coast" through the teaching situation with largely intuitive guidance, now regains active control, subject to student feedback. At this stage the teacher may also leave the field, but here he will do so to make use of student reaction, for example to devise ways of modifying the lesson to include particular individuals who are not paying attention or do not appear to understand. Such modification continues with successive revisions of plans throughout the class session. The teacher at this stage is actively searching for clues regarding individual progress, and is revising the lesson accordingly.

This analysis suggests a possible progression of "stages" to student teaching training. Training for lesson preparation would, as now, be given first, emphasizing presentation of content. At this stage feedback sensitivity training would be limited to that necessary for maintaining class control. Later when the student is comfortable with content presentation, his sensitivity training would be expanded, first to include feedback from the entire group and then to sensitivity to individuals and ways of using feedback for altering the lesson to suit the group.

Implications

The major products of these pilot studies were new hypotheses for further studies. Clearly some of the more meaningful implications of the studies are framed in the following questions:

1. Can the relative frequency of scanners and focusers in the population be determined? The extent to which one should modify teaching technique to appeal to one or the other is clearly dependent upon the extent to which these types exist in the population.

2. To what extent are differences in learner style manifested in differences in learning? Although we have noted that the scanner is more likely to be a more successful student, further attention should be given to the extent to which a focusing or scanning approach actually makes a difference when a final learning criterion is examined.

3. To what extent are learning strategies open to change? Would video tape recall give the student evidence of his patterns of paying attention and notetaking, and would this confrontation help him to monitor his own process?

The next two Chapters of this section describe our attempts to find answers to these questions.

CHAPTER II

THE LEARNING STRATEGIES QUESTIONNAIRE:

DEVELOPMENT AND USE

In our previous work in the area of teaching-learning, we investigated our basic assumption that the individual carries with him a particular predilection toward certain actions in any learning situation, i.e., a specific aspect of learner behavior which we identify as Learning Strategy. Our original frame of reference was derived from a review of literature in the area of cognitive styles, where we found that one general theme pervades the strategies hypothesized in the literature - all suggest an underlying continuum of strategies from a global to a detail orientation. With this frame of reference, the IPR technique was employed to examine underlying variables in the teaching-learning process. Through the IPR technique it was possible to begin to develop methods of identifying individuals on the strategies continuum. Persons on the one extreme--where the details of a learning situation would constitute the major focus of attention--we identified as focusers. Persons on the other extreme--where details receive less attention as the individual continually tries to attend to and piece together the larger picture of the presentation--we identified as scanners.

Having identified a learning strategy continuum, it was necessary to determine a means of placing individuals on the continuum, i.e., identifying the individual's personal learning strategy. Previous studies dealing with learning strategies had used individually administered problem situations to find a person's strategy. This was too cumbersome a technique for us to use, hence we began by using self-reported typical modes of reacting to situations. Individuals would thus be categorized on the basis of their total self-report score on the focus-scan dimension. The first instrument designed for this purpose consisted of 14 items describing student behavior in academic situations; students were asked to indicate on a four-point scale the extent to which the description fit their typical behavior. This scale has undergone six revisions in an attempt to improve its efficiency. With each revision:

a) questions were eliminated which did not seem applicable to the population with whom we were concerned, viz., college students, b) low reliability items were altered or dropped, c) new items were added. The final result is the Learning Strategies Questionnaire (Form 7) which appears in Appendix A, Section IV, page

In our past research, we observed that learning strategy appeared to be distributed normally, but our evidence was not conclusive in this regard. This led us to investigate the first research question raised in Chapter II:

I. Can the relative frequency of scanners and focusers in the population be determined?

The Learning Strategies Questionnaire (LSQ), Form 7, was administered to 947 incoming freshmen at Michigan State University. The distribution of LSQ scores for this sample is presented in Figure 7 below. LSQ raw scores are plotted against student frequency. A high score indicates a focusing strategy and a low score a scanning strategy. The distribution appears to approximate the normal distribution, and indicates that most people do not use an extreme strategy, rather it appears that the two strategies overlap and may be used more or less interchangeably by people in the middle of the distribution. Our previous research indicates that the strategies are combined in various ways.

Some people combine the two strategies simultaneously, understanding the concepts and themes of the material but also absrobing and using more detailed aspects of the presentation. Other learners use both strategies by alternating between them in relation to the academic area, the demands of subsequent testing, the emphasis of the particular presentation, or their own mood. For purposes of this research we studied the extremes of the distribution, however. Since there were identifiable differences in the strategies with which a focuser and a scanner approach the learning situation, we next examined how the individual's strategy relates to his learning ability.

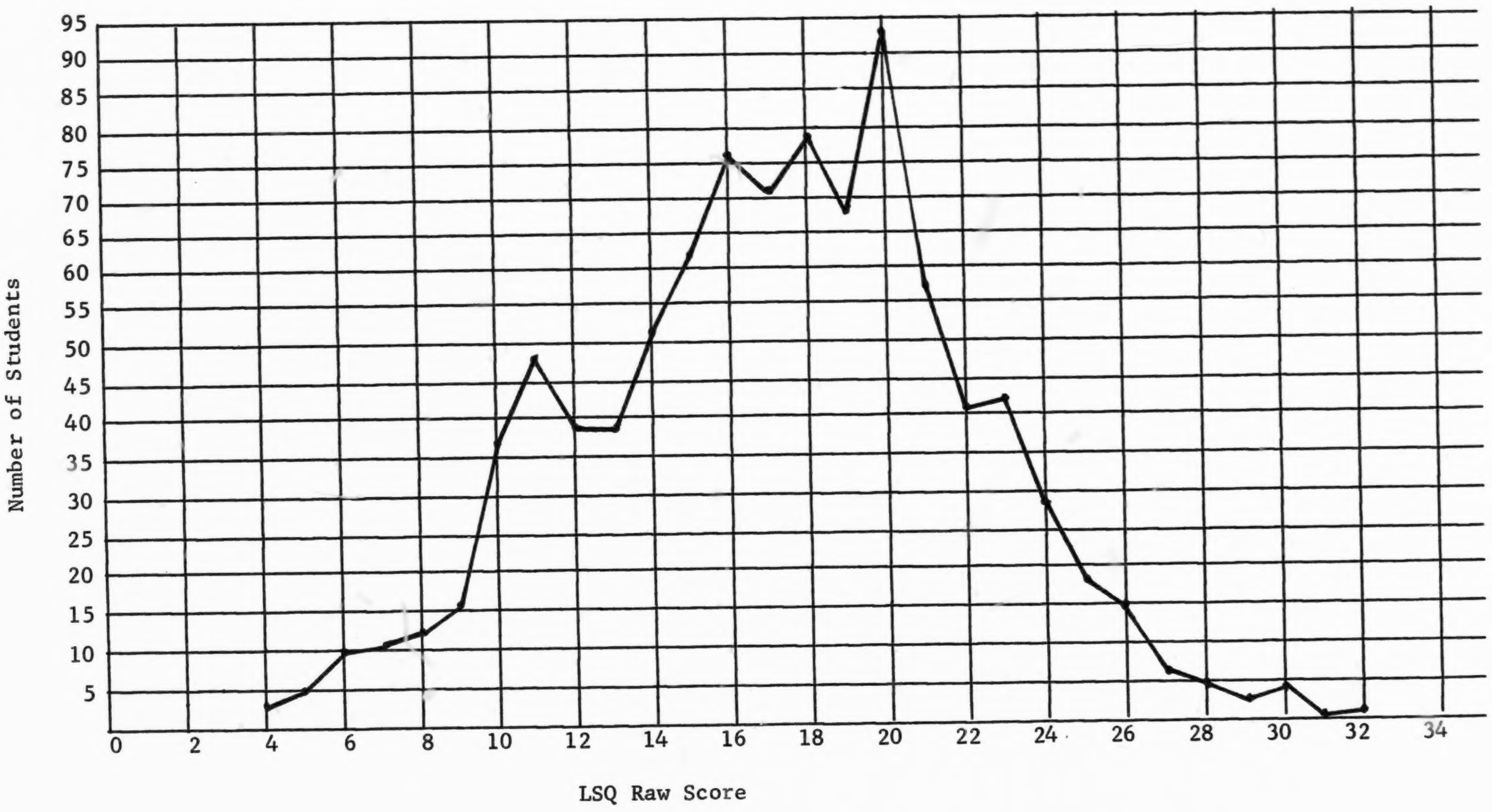
II. To what extent are differences in learner style manifested in differences in learning?

Study 1: Relationship of LSQ to GPA

Our previous research indicated that the problem of inefficiency of learning style seems to occur more often in persons at the extreme of the focus-scan dimension, in that strategies in these people tend to be more fixed and the individual tends to be a highly inflexible learner.

Figure 7

Distribution of Learning Strategy Questionnaire Scores for 947 College Freshmen (Nov. 1966)



Mean = 17.13
SD = 4.94
Variance = 24.36

These conclusions were substantiated to a degree by our initial attempts to relate college grade point average to LSQ scores. Subjects for this study were 402 sophomore college students enrolled in an education course at MSU. Form I of the LSQ was administered and scored in such a way that a low score indicated a scanner and a high score a focuser. A mean grade point average was then computed for all students at each score level. The results are presented in Table 2.

The results indicate that the relationship between LSQ score and GPA appears to be nearly linear, with an inverse relationship between focusing (high LSQ score) and GPA. The marked exception would seem to be those students who scored below a raw score of 3. If, in fact, the relationship was linear, very low scores would indicate these students had an extreme scanning strategy and should have the highest GPA, but such is not the case for those students scoring below a raw score of 3. These exceptions might suggest that both extreme focusing or extreme scanning scores are less effective than moderate ones except for the following considerations:

1. The cases in point account for less than 1½% of the sample population (6 Ss), and may reflect influences other than learning strategy (e.g., extreme response set).

2. The range for both GPA and LSQ score (0-14) is restricted to such a degree that it is difficult to identify a true "distribution" of scores. (This data was collected using one of the earliest forms of the LSQ which had a Kuder-Richardson reliability of only .42.)

Table 6.1 Comparison of Learning Strategy Questionnaire (Form 1) Scores with Grade Point Average for 402 College Sophomores

Raw Score	Frequency	Grade Point Average
0	2	2.48
1	0	----
2	4	2.60
3	16	2.82
4	21	2.53
5	32	2.78
6	60	2.74
7	60	2.62
8	91	2.52

Table 6.1 (continued)

Raw Score	Frequency	Grade Point Average
9	58	2.47
10	30	2.58
11	20	2.28
12	8	2.45
13	0	----
14	0	----

N = 402
$\bar{x}$ LSQ Score = 7.3
$\bar{x}$ GPA = 2.58

If we consider as extreme scanners those students whose scores place them in the lower 5.5% of the distribution (0-3) we find that they have a mean GPA of 2.75, as compared with extreme focusers in the upper 7% of the distribution (11-14) whose mean GPA is 2.33. The following conclusions were made on the basis of this data.

1. A scanning strategy appears to be more effective than a focusing strategy, using GPA as a criterion of success.

2. It appears that there may be an inverse linear relationship between focusing strategy and GPA, but this conclusion needs further validation.

3. It may be that a very extreme scanning score is detrimental to success. This may be due to the fact that such an individual is so ridigly enmeshed in a focusing strategy that he is unable to deal with details at all (this is consistent with our previous research relating to flexibility of learner strategy).

Study II. Relationship to Cognitive Styles

The learning strategies idea was built on an inference from the cognitive styles literature: that one of the main factors consistently appearing in the cognitive styles research is a general underlying continuum of detail-to-global orientation. This study examines the relationship between the learning strategies concept and measures of cognitive style.

One view of "learning strategy" is that it may improperly be termed a "strategy" since it might represent a perceptual process; the tendency of the individual to perceive items to be learned as individual entities, or at the other extreme to perceive such elements as embedded in a larger context. The relationship between this view of learning strategy and a cognitive style theory was examined in this study. The cognitive style theory advanced by Witkin (1963) "psychological differentiation" as the ability to experience items independently of the organized field of which they are a part. We hypothesized that the person who exhibits such a tendency would also be the person whose learning strategy focuses upon items of information independently from their context.

A second view is that learning strategy is a truly generalized "strategy"--a situational manifestation of the way one categorizes or organizes items in his environment. We hypothesized that a person whose orientation to his environment is more analytic, that is, who deals with items individually without reference to their context, might be the person whose learning strategy is centered on discrete items to be learned, without an attempt at synthesis or interrelationship. Conversely, the person who sees items of his environment in their relationship to other items or as part of higher-level abstract concepts, might be the person whose learning strategy would lead him to learn items within their context, and to center his attention on broad concepts. This relationship was examined by relating learning strategy to the cognitive style theory proposed by Kagan, Moss, and Sigel. (1963)

The study also examined the relation of Siegel and Siegel's concept of Educational Set to learning strategy. Drawing their theoretical orientation from cognitive style research, Siegel and Siegel postulated a "broad kind of set with implications for teaching and learning--an educational set."

> Educational set comprises a continuum defined at the poles by predispositions to learn factual content on the one hand and conceptual content on the other . . . A factually set learner is one who by definition is predisposed to learn factual content. He adds unit of information to his cognitive structure

> without being driven to interrelate these elements into any contextual whole. For such a learner, a fact has an integrity of its own.
>
> A conceptually set learner is one who, by definition, rejects factual acquisition except as units of information are clustered and interrelated. He prefers to learn concepts and principles. When confronted by a bit of factual information, he either dismisses it as "unimportant" or subsumes it in a broader conceptual framework. (Siegel, 1965)

It was hypothesized that the dimension described by Siegel and Siegel would indeed be parallel to the learning strategies dimension defined in our research, the dimension ranging from detail orientation (focusing) to global orientation (scanning). Although educational set deals with interests and learning strategy with behavior, one would expect that the two would be closely related because the two dimensions arose from similar theoretical positions, and because learning behavior could be a reflection, or manifestation of interests.

Instrumentation

The instruments used in this study were those developed for the various theories examined: a) One measure of psychological differentiation is Witkin's Embedded Figures Test. We used the Educational Testing Service group version of this test, the Hidden Figures Test, Form III. b) The second cognitive style theory represented, that developed by Kagan, Moss and Sigel, measures cognitive style by responses to Sigel's Cognitive Styles in Categorization Behavior Task (SCST). c) Educational set is measured by an instrument developed by Siegel and Siegel in which the subject responds to forced-choice items on the basis of his interest to them. The Educational Set Scale yields a high positive score for the student with high conceptual interests and a high positive score for the student with high conceptual interest. d) The Learning Strategies Questionnaire[1] used in this study was the third revision of the scale. A self-rating scale in which the focus and scan extremes are described and the student places himself on the continuum between them was also included. A low positive score on the LSQ indicates a scanning learner strategy, while a high positive score indicates a focusing strategy.

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[1] See Appendix Q.

The subjects for this study were 25 male college seniors chosen from several academic areas.

Results

The correlations obtained are presented in Table 6.2 below.

Table 6.2 Correlations between cognitive style scales (From Scan to Focus) and the learning strategies questionnaire (Form 6)

	Learning Strategies Questionnaire
Hidden Figures Test	-.57**
SCST descriptive - part/whole	.06
SCST inferential - categorical	.01
SCST relational - contextual	-.09
Educational Set Scale	-.37*
Self ratings - strategies	.59**

$*p < .10$
$**p < .01$

Conclusions and Discussion

Psychological Differentiation

Learning strategy was found to be related to Witkin's psychological differentiation ($r = -.57$, $p < .01$); the significant negative correlation suggests that the "scanning" strategy is related to the ability to extract a hidden figure from a complex design. Apparently the person who "focuses" looks closely at all the lines in a complex figure and thus finds it difficult to separate the relevant lines forming the simple figure from the distracting cues; the "scanner" on the other hand may have the ability to separate relevant from irrelevant conflicting cues because his examination of the figure is less focused on the actual lines, and instead he sees figures within larger figure.

Cognitive Styles

The results of this study do not indicate that learning strategy is related to the Kagan, Moss, and Sigel cognitive styles concept; it would appear that this theory of cognitive style reflects a different psychological process than does learning strategy.

Educational Set

Learning Strategy and Educational Set were found to be related as hypothesized, although not strongly ($r = .37$, $p < .10$). This is interpreted as a tendency for learners interested primarily in concepts to use a "scanning" strategy, while learners interested in facts tended to "focus." We concluded that because learning strategy is likely to be conditioned by a number of factors, such as past experience or reinforcement in classes or tests, interests could not be expected to be the major contributor to the variance in learning strategy.

Learning Strategy

Two learning strategy measures were employed. The first, on which the calculations involving learning strategy were based, was the questionnaire. The second was the self-rating scale, in which the subject was given a description of extreme focusing and extreme scanning and was asked to place himself somewhere on the continuum between the two extremes. The correlation between the two was .59 ($p < .01$), indicating a substantial relationship between learner strategy as measured by LSQ score and how the subjects directly identified their strategy on a single continuum.

In this study, the LSQ was scored only on the basis of a subject's extreme responses (only one's or four's were scored for each item). Later revision of the scale included adding more items and scoring each response to an item, with the result that the scale's reliability was improved. It is possible that replication of the studies reported above--using the later revision of the LSQ--might yield different results.

Study III Relationship to Predictors of Academic Success

In our first attempt to compare learning strategy to learning efficiency (described above) we found that the range of both the instrument we were using (LSQ, Form 1) and our criterion measure were too restricted to provide a meaningful distribution from which we could investigate the nature of any relationships. Our results indicated a negative linear relationship between LSQ and GPA scores, but we had little confidence in this data.

It seemed that: 1) if we had an instrument capable of greater differentiation of learning strategy and 2) a criterion of learning affording a wider distribution of abilities, we would have a clearer perception of the relationship between the two.

METHOD

The LSQ, Form 7, was administered to 947 college students. The subjects were selected from the freshman class entering MSU in the fall term of 1966. The sample consisted of all students who were assigned to living units in one section of the campus. All students who took the questionnaire were included in this study. The distribution for these scores[2] is presented in Table 6.3.

Since no college GPA was available for these _Ss_, the criterion consisted of a battery of academic tests rountinely administered to incoming students. These were:

1. The MSU Reading Test
2. The MSU English Placement Test
3. The College Qualification Test - Verbal

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[2] Scoring LSQ on the basis of extreme score only, a Kuder Richardson #20 reliability of .70 was obtained. Scoring by extreme response only depleted the data provided by the questionnaire and restricted possible range of scores. This scoring method also might reflect the extreme response set that some individuals carry into test situations. Therefore, the questionnaire was rescored on the basis of answering in the direction of the correct response (i.e., if the correct- or focusing-response was "strongly agree," the "agree" response was also scored as being correct), and a K-R #20 reliability of .77 was obtained.

4. The College Qualification Test - Numerical
5. CQT Information
6. The College Qualification Test - Total (combination of verbal, information, and numerical)

"The MSU Reading Test is a 42 item test of reading comprehension. The score is based upon the student's ability to answer questions based on reading passages representative of several academic areas at MSU. The test is not restricted to the simple mechanics of reading, but rather the score provides some measure of factors involved in critical thought. The test is useful to faculty members in any decision requiring some knowledge about the student's verbal ability."

"The MSU English Placement Test (E) consists of thirty-five objective test items representing various aspects of English usage: spelling, capitalization, grammar, punctuation, sentence structure, and organization. Although the test is intended primarily to identify students who may require assistance from the Preparatory English Program, the test has proved to be a satisfactory and convenient supplemental means of identifying students for honors section."

"The College Qualification Tests (CQT) are designed to measure several abilities which are indicative of success in college. The test yields four scores: verbal or vocabulary (QV), general information (QI), numerical (QN), and a total score (QV). The total score provided the best single index of college ability for MSU students in general, although QV supplemented by QI seems to relate most closely to success in courses in which verbal facility is important, such as social science and literature, while QN supplemented by QI appears to be most closely related to success in technically oriented courses which make demands on quantitative ability, such as physical science, chemistry, or mathematics."[3]

These tests were chosen as criterion measures since they each measure a relatively stable ability that is indicative of the quality of subsequent college work. Results of studies comparing the standings of students on these tests to their later academic attainment (as reflected in grade point averages) have demonstrated that all of the tests are of some value in predicting grades. The total score of the CQT has generally proved to be the best single predictor of the

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[3] These descriptions were taken from The Use of Orientation Test Data, Testing Bulletin No. 3 (revised), Office of Evaluation Services, University College, Michigan State University, May, 1965.

Table 6.3 Learning strategy questionnaire scores (form 7) for 947 college freshmen (November, 1966)

LSQ Raw Score	Frequency	Cumulative Frequency	Percentile Rank	Standard Score
32	1	1	99	82.1
31	1	2	99	78.1
30	4	7	99	76.1
29	3	10	99	74.0
28	6	16	99	72.0
27	7	23	98	70.0
26	15	38	97	68.0
25	18	56	95	65.9
24	29	85	93	63.9
23	43	128	89	61.9
22	42	170	84	59.9
21	56	226	79	57.8
20	94	320	71	55.8
19	66	386	63	53.8
18	78	464	55	51.8
17	71	535	47	49.8
16	77	612	39	47.8
15	65	677	32	45.8
14	52	729	26	43.8
13	38	767	21	41.7
12	38	805	17	39.7
11	48	853	12	37.7
10	37	890	8	35.7
9	16	906	5	33.6
8	12	918	4	31.6
7	11	929	2	29.6
6	10	939	1	27.6
5	5	944	1	25.5
4	3	947	0	23.5

grade point average (GPA) for all students in general, followed closely by the MSU Reading Test.

On the basis of the test descriptions, we predicted that tests relating to verbal ability or reasoning would correlate negatively with a focusing learner strategy, whereas those tests measuring specific abilities relating to a detail orientation would correlate positively to a focusing strategy. Thus: The MSU Reading Test, the CQT Total Test Score, CQT Verbal and CQT Information would be negatively correlated to LSQ score.

The MSU English Placement, and the CQT Numerical would be positively correlated to LSQ score.

RESULTS

The correlations between LSQ scores and academic success predictors are presented in Table 6.4 below. It was hypothesized that tests measuring verbal expression and concept formation would correlate negatively with a high focusing score on the LSQ. The MSU Reading Test, as a partial measure of critical thought and verbal ability, correlates -.40 with LSQ score as predicted. A similar relationship is apparent between LSQ and CQT Verbal (-.39), Information (-.35), and Total (.39) scores, providing support that a focusing strategy is negatively related to verbal facility and comprehension. These correlations are significant to the .001 level of confidence.

A positive relationship was not found between tests of specific abilities and LSQ as hypothesized; the correlations for the MSU English placement and the CQT numerical with LSQ were -.26 and -.20.

Table 6.4 Correlations of LSQ Scores with Predictors of Academic Success for 947 First Term Freshman

	Eng.	Read.	Verb.	Info.	Num.	Total
MSU Eng.	1.000					
MSU Read.	.556	1.000				
CQT Verb.	.591	.696	1.000			
CQT Info.	1.423	.606	.582	1.000		
CQT Num.	.372	.404	.322	.575	1.000	
CQT Total	.581	.713	.819	.873	.746	1.000
LSQ	-.255	-.401	-.388	-.346	-.197	-.390

Discussion

Our prediction that tests relating to verbal ability or reasoning would correlate negatively with a focusing score on the LSQ was confirmed. While the correlations were statistically significant ($p < .001$), the meaningfulness of such significance is questionable with a sample as large as the one in this study. Regardless, the results obtained do appear to substantiate the observation that a focusing strategy may be a hindrance for performance in many academic areas.

Our second prediction--that a focusing strategy would be an asset on tests measuring specific abilities relating to details--was not upheld.

The results from this study indicate that there is a strong relationship between learning strategy and criterion of academic success. A focusing strategy appears to be detrimental in areas dealing with verbal ability and conceptual reasoning, and does not seem to be of particular value even in areas that appear to sample detail oriented tasks.

Study IV - Relationship of LSQ (Revised Form 7) to GPA

In Study I, this section, we described our initial attempt to relate GPA to learning style. On the basis of this study we tentatively concluded that a scanning strategy was more effective than a focusing strategy, and that there appeared to be an inverse linear relationship between LSQ and GPA.

In Study I we were using an early form of the LSQ which provided a very limited distribution of scores. The LSQ has since been revised and enlarged to a 42 item scale with an internal reliability (Kuder Richardson #20) of .77. This reliability data was obtained from a sample of 947 freshmen entering MSU in 1966. In 1967 we compared their 1966 LSQ scores with their GPA for four academic terms.

From the original sample of 947, GPA for a complete academic year was available for 610 students. A mean grade point average was computed for all students at each LSQ score[4] level.

The distribution of GPA by LSQ scores is presented in Figure 8.

Insert Figure 8

An inverse linear relationship exists between focusing behavior (high LSQ score) and GPA. Nearly all scores which reflect a scanning approach - scores below the LSQ mean of approximately 17 - are above the mean GPA of 2.48. As scores on the LSQ approach a focusing strategy (progress above 17) there is a marked tendency for GPA to decrease and fall below the mean.

As indicated in Figure 6.2, there are some students who are exceptions to these trends, although the actual number of exceptions is small. In order to under better the predictive potential of the LSQ for GPA, we compared scores which were one standard deviation above and below the LSQ mean with GPA. This analysis is presented in Table 6.5 below.

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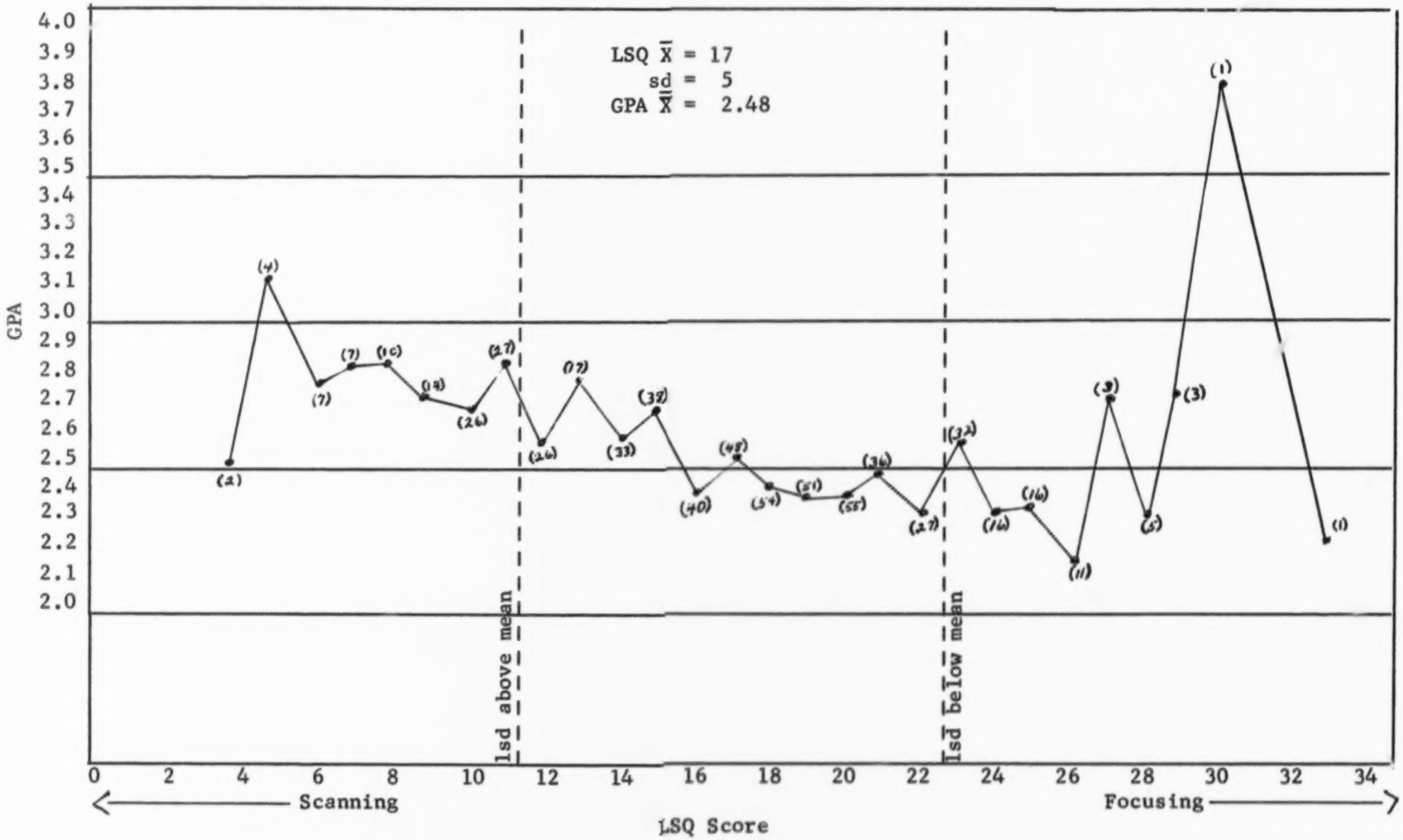
[4] Low score on LSQ indicates focuser, high score indicates scanner.

Figure 8

Frequency Distribution of GPA by LSQ for 610 students
at the Completion of One Academic Year



* Numbers in parenthesis indicate number of students obtaining each LSQ score.

Table 6.5 Chi-square analysis of gpa and LSQ scores beyond one standard deviation above and below the mean

	Number of students whose gpa is above mean	Number of students whose gpa is below mean	Totals	Chi square
LSQ scores 1 sd above the mean	38	59	97	3.845*
LSQ scores beyond 1 sd below the mean	58	54	112	
Totals	96	113	209	

*Significant at the .05 level.

This chi-square analysis indicates that a high LSQ score (focuser) is a better predictor of failure than a low LSQ score (scanner) is of success. That is, students whose scores on the LSQ indicate an extreme focusing learning strategy perform below average academically (p .05). An extreme scanning strategy, on the other hand, does not insure academic success.

CHAPTER III

An Attempt at Changing Learning Strategy

Data reported in the previous chapters of this section indicate that a scanning strategy is positively related to academic success as measured by grade point average and correlation to predictors of academic success in college, i.e., the person who can scan tends to have a higher g.p.a. than the person who focuses, and he is more likely to score higher on tests related to various academic areas. In addition, such research and theory as Thorndike's in transfer of learning (1901), Bruner's as outlined in The Process of Education (1960), and Klausmeier's in Strategies of Learning and Efficiency of Concept Attainment by Individual and Groups (1964) has demonstrated the value of concept attainment in learning in general.

On the basis of such research, it was concluded that the person who cannot use a scanning strategy will be at a disadvantage in many learning situations. It is possible that such an individual developed a focusing strategy to the exclusion of a scanning approach and is unable to adjust his behavior when appropriate; or he might know how to scan but not when or in what type of learning situation. It seems probable that the learning efficiency of a person who cannot (or does not) use a scanning approach would be facilitated by his acquiring this ability. Thus, although our primary interest was to determine the extent to which any style could be modified through special training procedures, it appeared that there is valid argument in favor of helping students who are extreme focusers to learn to scan more. This study describes our attempt to change learning strategy using the IPR technique. Since we were not certain what the best approach might be, we designed a relatively short-term (4 contact) "treatment." In retrospect, although we learned much from the study, it may have been unrealistic to assume that four contact hours could change a learning style that has taken 18-24 years to develop, but at the time this approach seemed appropriate because: (1) appropriating CCTV facilities for more frequent contacts might not be realistic. From a practical standpoint, we would want any program we designed to have some applicability to other schools where the facilities might not have been as extensive as those available to us.[1] (2) The limited time available to students to participate in such work during an academic term.

Procedure

Sample

The subjects for this study were selected from 947 freshmen at MSU to whom the LSQ, form 7, was administered in the fall term of 1966. (The distribution of student scores for this population is presented in Table 6.3 in the previous Chapter. A Kuder-Richardson Reliability (20) of .77 had been obtained. Nineteen subjects were selected to participate in the study during the winter term of 1966, and seventeen subjects were selected to participate during the spring term of 1967. These subjects were selected from those students scoring in the upper 20 percent of the distribution, i.e., the extreme "focusing" end of the continuum.

Treatment

These students were alternately assigned to one of three experimental groups:

Group I - IPR treatment group
Group II - Study-habits treatment group
Group III - No-contact control group

Each subject in Groups I and II was seen one hour a week for four weeks by a project staff member. The first session served as a pretest measure, the fourth session as a posttest measure. Group III was seen on one occasion only--this session was compared with the posttest sessions of Groups I and II.

Group I - IPR Treatment.--This group was designed to measure the change in learner strategy that would occur due to exposure to the IPR experimental treatment. These subjects were seen individually by members of the IPR staff, who oriented them to our concepts of learner strategy. Next, two short instructional films were shown to each subject and a videotape recording was made of the film and the subjects' reactions to it. Recall sessions were held with each subject in an attempt to help him identify his learning strategy and compare it to a scanning approach.

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[1] In retrospect, we were fortunate that we didn't plan for more than 4 sessions per student. The simultaneous use of film and video feedback was a more complex use of video technology than we had attempted in our other studies, necessitating more time and experimentation on the part of the CCTV personnel. It seemed that this phase of the project was affected more than any other phase by inopportune equipment failures, necessitating constant re-scheduling and frustration for staff and students.

Group II - Study Habits Group.--This group was established to compare IPR treatment with a more traditional attempt to teach a student how to learn or study. Since one aspect of the experimental treatment was the use of videotape equipment, we decided to structure contact with this group around the replay of a videotaped lecture on study habits. Thus, the only differences in contact for Groups I and II were contained in the content and experience provided by the IPR experience for Group I and the study habits lecture for Group II.

Group III - No-Contact Group.--This group was established to measure the amount of change that might occur in strategy over time and through the educational experiences provided during the academic year for the population sampled.

First Contact

Group I.--Each of the twelve subjects in Group I came into the IPR room and was seated in the corner chair on which one of the cameras was focused. The other chair was removed and a rear screen projector installed in its place, so that the second camera was focused on the screen. The split screen television image then showed the student as he viewed the film as well as a view of what was actually being shown at that point. We used a movie clip so that the instructional stimulus would be identical for each subject.

In our design for the pretest, we used an eight-minute segment from each of the two films: "Theory of Flight" and "Research Problem: Inert Gas Compounds". Random assignment determined which film would be used for the pretest. During the recall session, four stopping points were selected (roughly two minutes apart) and each subject was asked to respond to the following questions in terms of what he was thinking at each of the stopping points as he initially watched the film:

1. What are you thinking at this point in the film?
2. Is the film clear or confusing to you here? Why?
3. What is the main idea of the film up to this point?

The pretest consisted of the subject viewing the video tape and answering the above questions. This recall was designed to provide information as to how or why the student was attempting to grasp the meaning behind the film, i.e., how he went about "learning" the film. An audio tape was made of each of the recall sessions.

The remainder of the session consisted of an explanation to each subject of the concepts of learner strategy and the behavioral characteristics associated with both the extreme scanner and the extreme focuser. The subject's own learning style was pointed out to him. The subject was told that we had a certain amount of information available which indicated that, at least in some situations, the scanning strategy is a more efficient way of learning. We explained that we wanted them to learn how to scan and had arranged certain experiences for them so they could see how they learned and how a scanner would try to learn the same material. The subjects were encouraged to try to scan as much as possible during each session.

Group II.--The procedure was followed as for Group I through the pretest (described above). After the recall, Ss were informed that they would be participating in a study habits program, and dismissed.

Group III.--No contact.

Second and Third Contacts

Group I.--The training sessions consisted of the showing of two instructional films: "Reinforcement in Learning and Extinction" and "Distribution of Plants and Animals". This presentation and the subject watching it were videotaped and a recall session followed in which the film was stopped at nine pre-selected points. The subject was asked specific questions designed to make him aware of how he was learning certain segments of the film. After the subject's response to each stop, he was told what a scanner would have extracted from the same material and how the scanner's learning behavior differed from the subject's learning behavior. The subject was also encouraged to practice the scanning technique while reading and listening to lectures in his classes.

Group II.--Subjects in Group II were shown a video tape especially made for our purposes by William W. Farquhar, a member of the Counseling, Personnel Services, and Educational Psychology Department staff at Michigan State University, and senior author of a study habits book (Farquhar, et. al., Learning to Study, 1960). Subjects were told that many students' study problems often were a result of much "wasted" time in studying. Therefore, they were going to participate in a study skills program that might help them make more efficient use of their time. The presentation of this program was divided into two parts (to match the time spent by the experimental subjects viewing film). Part one of the study skills program consisted of Dr. Farquhar talking about the problems associated with concentration and talking about how to read a book; part two dealt with how to make notes and how to approach examination taking.

The actual presentation consisted of the showing of the video tape with stops made at nine preselected points during each of the two parts (nine stops were made during each section of the procedure for both the experimental and control groups so as to equate interaction time with the experimenter). At each stop _Ss_ were asked to compare the method which they used to study with the method being presented on the videotaped discussion.

Group III.--No contact.

Fourth Contact

Groups I, II, and III.--A posttest was conducted using the film which had not been shown to the particular subject in the pretest. The same procedure was followed as described for the pretest above. The Learning Strategies Questionnaire (originally administered in September of 1966) was readministered.

Analysis

Two major criteria of change were used. The first was the readministration of the Learning Strategies Questionnaire. Since this instrument is a self-report scale, it seemed logical to use it to determine how subjects perceived changes in their learning styles. Pre and post LSQ scores were compared; it was predicted that the post scores for the IPR Treatment Group would decrease (i.e., shift from a focusing to a scanning approach), but there would be no changes in pre-post scores for subjects in the Study-habit Group or the No-contact Group.

The second criterion used was grade point average (GPA) for the fall and spring quarters of the academic year 1966-67.

This criterion enabled us to examine the GPA for the subjects before and after treatment.[1] A scanning approach is related to a higher GPA than a focusing approach; it was therefore predicted that subjects in Group I would have higher grade point averages across terms than those in Groups II and III.

In addition, an attempt was made to secure an actual sample of learning behavior by audio taping pre and post treatment sessions for each group. These audio tapes of subject behavior in actual learning situations were submitted to judges for rating according to the continuum of learner style. The scale used was a six item rating scale and appears in Appendix Q. The judges were three advanced students in Educational Psychology who were familiar with our concept of learner strategy. The judges were asked to listen to the tapes made of subjects' pre and post treatment, and to rate the behavior of each subject on the scale. It was predicted that the posttest tapes for Group I would show movement from a focusing to a scanning learning behavior, while there would be no change for Groups II and III.

Results

Learning Strategies

LSQ pre and post scores for subjects in each group are presented in Table 6.6 below.

(Insert Table 6.6 here)

All subjects in the IPR Treatment Group decreased in score on the post-treatment administration of the LSQ; mean gain score was 7.09. The movement in scores is in the predicted direction, i.e., from a focusing to a more scanning style. The Study Habits Group had a negligible mean gain score of -.03, and the Control

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[1] The ideal method of evaluating change could be to look at GPA of students the quarter they completed treatment (to determine immediate influence on GPA) and then to follow-up in subsequent quarters. Due to our time limitations and the limited size of our sample, we were forced to use the spring term GPA for students who had completed treatment either winter or spring term. where was, of course, the same number of students for each term in each treatment group.

Table 6.6 Comparison of LSQ pre and post treatment scores by treatment group

	Group I - IPR Treatment			Group II - Study Habits Treatment			Group III - Control		
Subjects	LSQ Pre	LSQ Post	Gain	LSQ Pre	LSQ Post	Gain	LSQ Pre	LSQ Post	Gain
1	33	27	-6	29	26	-3	20	20	0
2	30	28	-2	26	23	-3	26	20	-6
3	26	14	-12	26	22	-4	23	12	-11
4	27	17	-10	26	18	-8	23	19	-4
5	26	10	-16	24	31	+7	23	18	-5
6	18	17	-1	20	25	+5	19	23	+5
7	[a]24			24	17	-7	9	13	+4
8	24	19	-5	20	21	+1	20	19	-1
9	18	13	-5	23	19	-4	25	19	-6
10	24	18	-6	23	26	+3	26	24	-2
11	22	15	-7	23	25	+2	28	25	-3
12	26	21	-5	25	30	+5	27	31	+4
Means	24.83	18.09	-7.09	24.08	23.58	-.03	22.00	20.25	-2.09

[a] Subject never met appoints despite several reschedulings.

Group a mean gain score of -2.09. In each of these groups there were subjects who gained positively (scored higher on focusing score) as well as negatively, indicating no consistent directional change.

Analysis of variance of treatment differences for Ss by LSQ score is significant at the .01 level, as reported in Table 6.7. When mean gain score differences are compared between treatment groups (Table 6.8) it is found that Group I has decreased more in LSQ score than has Group II or Group III. When LSQ is thus used as a criterion, the IPR treatment group reported significantly more change from a focusing to a scanning approach.

Table 6.7 Analysis of variance of treatment differences on the LSQ

	Sum of Squares	Degrees of Freedom	Mean Square	F
Between	245.41	2	122.71	6.12*
Within	641.76	32	20.06	
Total Error	887.17	34		

*Significance at .01 level

Table 6.8 a) Mean gain scores by treatment groups

	N	Mean Gain Scores
Group I - (IPR Treatment)	11	-6.81
Group II - (Study Habits)	12	-.55
Group III - (No Treatment)	12	-2.27

b) Comparisons of gain score differences between treatment groups

Groups I and II = -6.26*

Groups I and III = -4.54

Groups II and III = +1.72

*Significance at .01 level

Grade Point Average

Grade point average (GPA) for each group for fall (pre-treatment) and spring (post treatment) terms (academic year 1966-67) are presented in Table 6.9 below. The spring term GPA reported is the cumulative GPA for the spring term.

Table 6.9 Comparison of treatment groups by pre and post treatment GPA means

	Mean Pre-Treatment (Fall) GPA	Mean Post-Treatment (Spring) GPA	Mean Gain	Individual Gain Range
Group I IPR Treatment	2.40	2.47	.07	+.52 to -.55
Group II Study Habits Treatment	2.26	2.30	.04	+.34 to -.35
Group III Control	2.49	2.53	.04	+.52 to -.26

Mean GPA for each group increased: .07 for the IPR Treatment Group, .04 for the Study Habits Treatment Group, and .04 for the Control Group, but there was obviously no meaningful difference in movement due to treatment. Thus, when GPA is used as a criterion the IPR treatment did not effect significant change.

Judges Ratings

A summary of judges ratings of audiotaped examples of subjects' learning behavior is presented in Table 6.10.

(Insert Table 6.10 here)

Analysis of these ratings shows no significant differences (.05 level) across treatment groups for pre, post, or gain ratings.

Discussion

The use of the pre-post treatment LSQ score provides support that our IPR treatment group influenced hypothesized change in learner strategy--but it must be emphasized that this

Table 6.10[a] Judges' rating scores (JRS) of pre and post treatment audio tapes by treatment groups

	JRS Pre Test			JRS Post Test			Mean Gain
	N	Mean	Range	N	Mean	Range	
Group I							
IPR Treatment	10	2.54	1.50 to 3.73	10	3.13	2.22 to 3.72	.58
Group II							
Study Habits Treatment	6	2.14	1.83 to 2.50	5	2.72	2.33 to 3.33	.64
Group III							
Control				12	2.63	1.83 to 3.72	

[a] Due to mechanical difficulties, scorable autio tapes were not secured on a large portion of our sample. c.f. Discussion pg. this report.

change in subjects' reported perceptions of their strategy and could have been the result of students' awareness of the "desired" direction of change due to the frequent discussion of learner strategy included in the IPR Treatment. However, the Study Habits Group also received some lectures on the value of a scanning approach in their videotaped presentations and the differences obtained across treatments were significant at the .01 level. Thus it is possible that the IPR treatment may have had some affect on learner strategy, if it was only to the extent that it influenced the student's perception of his learning strategy.

The use of GPA as a criterion did not support the effectiveness of our treatment on changing learning style. Perhaps it is because the students in this sample were focusers who had learned their strategy over a period of years, and for whom the strategy had paid dividends (or else they might not have been admitted to college). Thus it might be more difficult for them to change style than we had expected--even if the treatment has potency.

learning style and GPA (previous chapter, this section), but we may not have been justified in assuming that teaching a scanning style to focusers would effect change. The new learning strategies may have been learned but not applied to the students every day work. This would account in part for our findings of significance of change with the students' self-report of learning strategies (LSQ pre-post scores) but not with GPA.

Our experimental efforts to obtain judges' ratings of audio tapes did not indicate significant differences among treatments. This measure ...in retrospect... had many limitations as an evaluative procedure. Because our post test measures came late in the academic term, our subjects were involved in taking final examinations, and found it difficult to keep appoints with the project staff. When it became necessary to re-schedule students--either because of broken appointments or mechanical failures (which occurred with unusual frequency at this stage of the experiment)--it was exceedingly difficult to find time when students were willing and able to come in. The result was that we were not able to secure tapes on several subjects for rating by judges. The difficulties which we encountered in the process of attempting [illegible] obtain samples of learning behavior were discouraging, but served as an experience from which we learned how we might better approach the task in the future. The most obvious lesson was in reference to the complexity of the process of recording the sessions. Whenever a considerable degree of technical manipulation is required to produce a standard, controlled record of behavior, it would seem imperative that the procedure itself be rehearsed by the personnel involved to insure against the loss of research data.

In regard to the ratable tapes we presented to judges, the rating scale used might not be a refined enough instrument for judges to pick up subtle--but meaningful--changes in strategy. The scale might have value for differentiating between extreme focusers and extreme scanners, but not measure differences of less magnitude. Despite these post-mortem speculations, the results indicate that our experimental procedures were not especially effective. Were we guilty of making the same type of error that occurred in the first counselor education study (See Section II, Chapter I, this report), i.e., did we overestimate the potency of our treatment? It may be that an analysis of learner developmental tasks would suggest a graduated treatment schedule more appropriate for helping a focuser to not only learn the scanning approach, but to effectively integrate it into his actual learning behavior. Such an analysis could lead us to concentrate on various sub-tasks in the learning process where specific behaviors could be identified, changed, and practiced.

Subjective Observations

During the course of conducting this investigation, many observations were made which provide additional insights into learning strategy. In the process of contacting by phone those students who participated in the study, and in personal contact with them, the project staff observed the following:

1. These students, identified as extreme focusers, were markedly ineffective in social communication. This did not appear to be due simply to poor verbal skills, but rather to a "flat" affect and low spontaniety. While a variety of explanations are possible for this phenomenon, one experimenter stated that the subjects as a whole were "just not interesting or stimulating people to work with". In general, compared with scanners, these students displayed little curiousity about the experiment they were participating in and asked few questions. Scanners, on the other hand, were almost distracting in their overt curiousity about the project and staff.

2. Focusers as a group appeared to be more hostile and uncooperative than did scanners. The staff observed that in initial phone contacts these students were very reluctant to commit themselves to participating (in fact, more than 50% of those students contacted declined to participate), and in several instances were suspicious as to how the investigators had acquired their names. Those focusers who agreed to participate generally were not enthusiastic, and a major problem for the investigators was the frequency with which these students did not keep appointments. This apparent lack of motivation may have been a factor in the degree to which students became involved in the attempt to change learning behavior. Certainly further attempts to work with this population should investigate the affective variables of a focusing strategy.

The following other interesting relationships between cognitive and affective elements in learning were also noted:

1. There seemed to be a "role identification" factor operating in the learning of certain types of materials. For example, one female client, when confronted with a graph in the "Theory of Flight" film "tuned out" immediately and proclaimed her inability to understand what was being presented because the presentation of the material was in the form of a graph. Further analysis with her led to the conclusion that she perceived herself as a very "feminine" female. That she was capable of understanding a "non-feminine" graph did not fit her self-concept nor the image of herself she wished to project to others.

2. The student's perception of the individual presenting the material influences what he learns from a presentation. Several clients "tuned out" what was being said by the obviously younger and less informed of two narrators in the chemistry film because they perceived him as a lesser authority. Other students responded well to this same narrator because they perceived him as the person who clarified for them, in simple terms, what had taken place.

It seems apparent that, to be effective, a teacher needs to be sensitive to the student's perceptions of teacher role and the personal meaning to students of the material taught. This suggests that teachers need to be more sensitive to student affect--possibly through learning of new techniques for getting accurate feedback from students throughout the instructional process.

APPENDICES A-Q

APPENDIX A

Counseling Process Effectiveness Scale

compiled by:
N. Kagan
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W.W. Farquhar
G.R. Ward

Mark each statement at the right according to the extent of the counselor's behavior or the counselor's tendency to behave in the manner described by the statement

	Frequently	Occasionally	Rarely	Not at all
1. The counselor is a co-worker with the client	___ 3[1] 3[2]	___ 2 1	___ 1 0	___ 0 0
2. The counselor and client interact well with each other	___ 3 3	___ 2 1	___ 1 0	___ 0 0
3. The counselor appears to be playing a role	___ 0 0	___ 1 1	___ 2 3	___ 3 3
4. The counselor's bodily and/or facial expressions convey the feeling that he is frightened or anxious	___ 0 1	___ 1 2	___ 2 3	___ 3 3
5. The counselor is too concerned with himself to become really involved with the client	___ 0 0	___ 1 1	___ 2 2	___ 3 3

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[1] Arbitrary weights were assigned for scoring by the authors.

[2] Adjusted weights determined through Mosier's technique.

	Frequently	Occasionally	Rarely	Not at all
6. The counselor gives the impression that he is not at ease	0	1	2	3
	0	2	2	3
7. The counselor permits the client to engage in idle chitchat	0	1	2	3
	0	1	3	3
8. The counselor's remarks make things clearer for the client	3	2	1	0
	3	2	1	0
9. The counselor encourages the client to minimize her reaction to a given situation	0	1	2	3
	1	1	2	3
10. The counselor misses cues of what is important to the client	0	1	2	3
	1	2	3	3
11. The counselor inappropriately moved into sensitive topics unaware of the client's reluctance to go along	0	1	2	3
	0	1	2	2

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[3] Items used from the Anderson Interview Rating Scale.

	Frequently	Occasionally	Rarely	Not at all
12. The counselor reveals certain nervous manifestations	0	1	2	3
	0	1	3	3
13. The counselor seems to be aware of the client's nonval communication	3	2	1	0
	3	3	2	0
14. The counselor paces the interview inappropriately	0	1	2	3
	0	0	2	2
15. The counselor seems to make the client defensive	0	1	2	3
	0	1	2	2
16. The counselor appears to be hostile to the client	0	1	2	3
	0	0	1	2
17. The counselor's bodily postures seem stiff	0	1	2	3
	0	1	3	3
18. The counselor helps the client to talk freely about her feelings	3	2	1	0
	3	2	1	0
19. The counselor's tone of voice conveys his ability to share the client's feelings	3	2	1	0
	3	2	0	0
20. The counselor accepts the client's expressions without disapproval or approval	3	2	1	0
	2	1	1	0
21. The counselor shifts topics too abruptly	0	1	2	3
	1	1	3	3

	Frequently	Occasionally	Rarely	Not at all
22. The counselor uses language appropriate to the client	3 2	2 1	1 0	0 0
23. The counselor tends to lecture	0 0	1 1	2 2	3 2
24. The counselor wears a smiling mask of "acceptance" even when a different affect would be more appropriate	0 1	1 2	2 2	3 2
25. The counselor's facial expressions are too serious for this situation	0 0	1 1	2 2	3 2
26. The counselor communicates by posture, words, and affect that he is immersed in the client's communication	3 3	2 2	1 0	0 0
27. The counselor behaves as if the interview is a routine, mechanical process.	0 0	1	2 3	3 3
28. The counselor chooses the more superficial way of handling the client's communication	0 0	1 2	2 3	3 3
29. The counselor encourages the client to dig deeper	3 3	2 2	1 1	0 0

Based on what you have seen of this counselor, try to predict how well this counselor would have handled the following incidents had they occurred.

30. If the client suddenly started to cry
0 | 1 | 2 | 3
Ineffectively Effectively

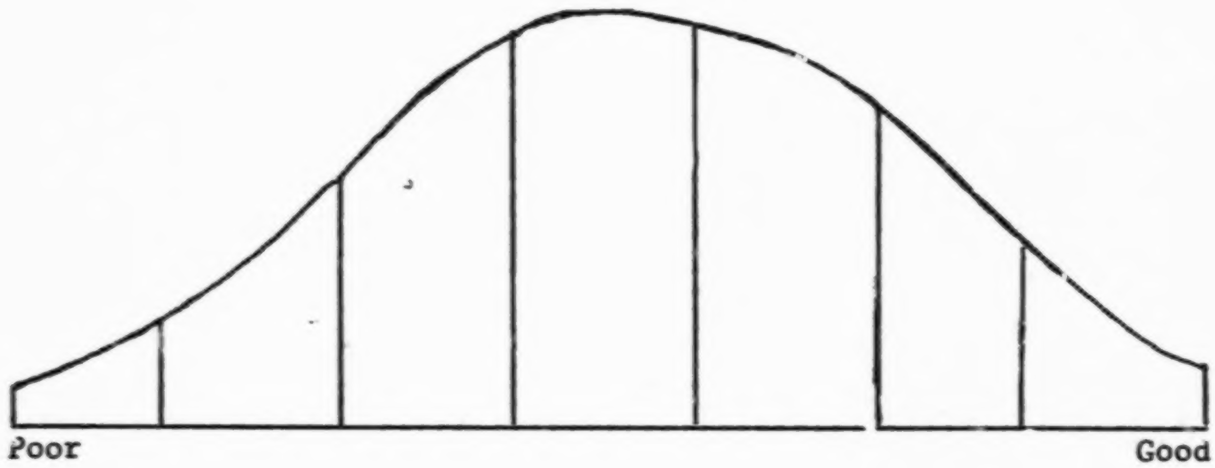
31. If the client becomes suductive with the counselor
0 | 1 | 2 | 3
Ineffectively Effectively

32. If the client refuses to speak
0 | 1 | 2 | 3
Ineffectively Effectively

33. If the client expresses to the counselor that she is concerned about her desire for homosexual activities
0 | 1 | 2 | 3
Ineffectively Effectively

GLOBAL RATING OF COUNSELORS;

I. To what extent would you be willing to talk to this counselor about educational-vocational or personal problems?



II. Please list in order of importance the behaviors which lead you to judge this counselor as you did.

____

____

____

APPENDIX B

IPR Counselor Verbal Response Scale and Manual for Training Judges in Use of Counselor Verbal Response Scale

Developed by: N. Kagan
D.R. Krathwohl
G.G. Griffin
A.D. Goldberg

IPR COUNSELOR VERBAL RESPONSE SCALE

The Counselor Verbal Response Scale is an attempt to describe a counselor's response to client communication in terms of four dichotomized dimensions: (a) affect-cognitive; (b) understanding-nonunderstanding; (c) specific-nonspecific; (d) exploratory--nonexploratory. These dimensions have been selected because they seem to represent aspects of counselor behavior which seem to make theoretical sense and contribute to client progress. A fifth dimension--effective-noneffective--provides a global rating of the adequacy of each response which is made independently of the four descriptive ratings.

The unit for analysis is the verbal interaction between counselor and client represented by a client statement and counselor response. A counselor response is rated on each of the five dimensions of the rating scale, with every client-counselor interaction being judged independently of preceding units. In judging an individual response, the primary focus is on describing how the counselor responded to the verbal and nonverbal elements of the client's communication.

Description of Rating Dimensions

I. Affect-cognitive dimension

The affective-cognitive dimension indicates whether a counselor's response refers to any affective component of a client's communication or concerns itself primarily with the cognitive component of that communication.

A. Affective responses.--Affective responses generally make reference to emotions, feelings, fears, etc. The judge's rating is solely by the content and/or intent of the counselor's response, regardless of whether it be reflection, clarification or interpretation. These responses attempt to maintain the focus on the affective component of a client's communication. Thus they may:

(a) Refer directly to an explicit or implicit reference to affect (either verbal or nonverbal) on the part of the client.
Example: "It sounds like you were really angry at him."

(b) Encourage an expression of affect on the part of the client.
Example: "How does it make you feel when your parents argue?"

(c) Approve of an expression of affect on the part of the client.
Example: "It doesn't hurt to let your feelings out once in a while, does it?"

(d) Presents a model for the use of affect by the client.
Example: "If somebody treated me like that, I'd really be mad."

Special care must be taken in rating responses which use the word "feel." For example, in the statement "Do you feel that your student teaching experience is helping you get the idea of teaching?", the phrase "Do you feel that" really means "do you think that." Similarly, the expression "How are you feeling?" is often used in a matter-of-fact, conversational manner. Thus, although the verb "to feel" is used in both these examples, these statements do not represent responses which would be judged "affective."

B. Cognitive Responses.--Cognitive responses deal primarily with the cognitive element of a client's communication. Frequently, such responses seek information of a factual nature. They generally maintain the interaction on the cognitive level. Such responses may:

(a) Refer directly to the cognitive component of the client's statement.
Example: "So then you're thinking about switching your major to chemistry?"

(b) Seeks further information of a factual nature from the client.
Example: "What were your grades last term?"

(c) Encourage the client to continue to respond at the cognitive level.
Example: "How did you get interested in art?"

II. Understanding-nonunderstanding dimension

The understanding-nonunderstanding dimension indicates whether a counselor's response communicates to the client that the counselor understands or is seeking to understand the client's basic communication, thereby encouraging the client to continue to gain insight into the nature of his concerns.

A. Understanding responses.--Understanding responses communicate to the client that the counselor understands the client's communication--the counselor makes appropriate reference to what the client is expressing or trying to express both verbally and nonverbally--or the counselor is clearly seeking enough information of either a cognitive or affective nature to gain such understanding.

Such responses:

(a) Directly communicate an understanding of the client's communication.
Example: "In other words, you really want to be treated like a man."

(b) Seek further information from the client in such a way as to facilitate both the counselor's and the client's understanding of the basic problems.
Example: "What does being a man mean to you?"

(c) Reinforce or give approval of client communications which exhibit understanding.
Example: CL: "I guess then when people criticize me, I'm afraid they'll leave me."

CO: "I see you're beginning to make some connection between your behavior and your feelings."

B. Nonunderstanding responses.--Nonunderstanding responses are those in which the counselor fails to understand the client's basic communication or makes no attempt to obtain appropriate information from the client. In essence, nonunderstanding implies misunderstanding, Such responses:

(a) Communicate misunderstanding of the client's basic concern.
Example: CL: "When he said that, I just turned red and clenched my fists."

CO: "Some people don't say nice things."

(b) Seek information which may be irrelevant to the client's communication.
Example: CL: "I seem to have a hard time getting along with my brothers."

CO: "Do all your brothers live at home with you?"

(c) Squelch client understanding or move the focus to another irrelevant area.
Example: CL: "I guess I'm really afraid that other people will laugh at me."

CO: "We're the butt of other people's jokes sometimes."

Example: CL: "Sometimes I really hate my aunt."

CO: "Will things be better when you go to college?"

III. Specific-nonspecific dimension

The specific-nonspecific dimension indicates whether the counselor's response delineates the client's problems and is central to the client's communication or whether the response does not specify the client's concern. In essence, it describes whether the counselor deals with the client's communication in a general, vague, or peripheral manner, or "zeros in" on the core of the client's communication. NB: A response judged to be nonunderstanding must also be nonspecific since it would, by definition, misunderstand the client's communication and not help the client to delineate his concerns. Responses judged understanding might be either specific (core) or nonspecific (peripheral) i.e., they would be peripheral if the counselor conveys only a vague idea that a problem exists or "flirts" with the idea rather than helping the client delineate some of the dimensions of his concerns.

A. Specific responses.--Specific responses focus on the core concerns being presented either explicitly or implicitly, verbally or nonverbally, by the client. Such responses:

(a) Delineate more closely the client's basic concerns.
Example: "This vague feeling you have when you get in tense situations--is it anger or fear?"

(b) Encourage the client to discriminate among stimuli affecting him.
Example: "Do you feel __________ in all your classes or only in some classrooms?"

(c) Reward the client for being specific.
Example: CL: "I guess I feel this way most often with someone who reminds me of my father."

CO: "So as you put what others say in perspective, the whole world doesn't seem so bad, it's only when someone you value, like Father, doesn't pay any attention that you feel hurt."

B. Nonspecific responses.--Nonspecific responses indicate that the counselor is not focusing on the basic concerns of the client or is not yet able to help the client differentiate among various stimuli. Such responses either miss the problem area completely (such responses are also nonunderstanding) or occur when the counselor is seeking to understand the client's communication and has been presented with only vague bits of information about the client's concern. Thus, such responses:

(a) Fail to delineate the client's concern and cannot bring them into sharper focus.
Example: "It seems your problem isn't very clear--can you tell me more about it?"

(b) Completely miss the basic concerns being presented by the client even though the counselor may ask for specific details.
Example: CL: "I've gotten all A's this year and I still feel lousy."

CO: "What were your grades before then?"

(c) Discourage the client from bringing his concerns into sharper focus.
Example: "You and your sister argue all the time. What do other people think of your sister?"

IV. Exploratory-nonexploratory

The exploratory-nonexploratory dimension indicates whether a counselor's response permits or encourages the client to explore his cognitive or affective concerns, or whether the response limits a client's exploration of these concerns.

A. Exploratory responses.--Exploratory responses encourage and permit the client latitude and involvement in his response. They may focus on relevant aspects of the client's affective or cognitive concerns but clearly attempt to encourage further exploration by the client. Such responses are often open-ended and/or are delivered in a manner permitting the client freedom and flexibility in response. These responses:

(a) Encourage the client to explore his own concerns. Example: Cognitive--"You're not sure what you want to major in, is that it?"

Affective--"Maybe some of these times you're getting mad at yourself, what do you think?"

(b) Assist the client to explore by providing him with possible alternatives designed to increase his range of responses. Example: Cognitive--"What are some of the other alternatives that you have to history as a major?"

Affective--"In these situations, do you feel angry, mad, helpless, or what?"

(c) Reward the client for exploratory behavior. Example: Cognitive--"It seems that you've considered a number of alternatives for a major, that's good."

Affective--"So you're beginning to wonder if you always want to be treated like a man."

B. Nonexploratory responses.--Nonexploratory responses either indicate no understanding of the client's basic communication, or so structure and limit the client's responses that they inhibit the exploratory process. These responses give the client little opportunity to explore, expand, or express himself freely.

Such responses:

> Discourage further exploration on the part of the client.
> Example: Cognitive--"You want to change your major to history."
>
> Affective--"You really resent your parents treating you like a child."

V. Effective-noneffective dimension

Ratings on the effective-noneffective dimension may be made independently of ratings on the other four dimensions of the scale. This rating is based solely upon the judge's professional impression of the appropriateness of the counselor's responses, that is, how adequately does the counselor's response deal with the client's verbal and nonverbal communication. This rating is not dependent on whether the response has been judged affective-cognitive, etc.

A rating of 4 indicates that the judge considers this response among the most appropriate possible in the given situation, while a 3 indicates that the response is appropriate but not among the best. A rating of 2 indicates a neutral response which neither measurably affects client progress nor inhibits it, while a rating of 1 indicates a response which not only lacks basic understanding of the client's concerns but which in effect may be detrimental to the specified goals of client growth.

IPR COUNSELOR VERBAL RESPONSE SCALE

Judge: ____________________ Subject: ____________________ Date: ____________________

DIMENSIONS								
Responses	Affect	Cognitive	Understanding	Non-Understanding	Specific	Non-Specific	Exploratory	Non-Exploratory
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
% of Responses								
TOTAL								

Counselor Response Evaluation			
Effective		Non-Effective	
4	3	2	1

TOTAL ____________

____

MANUAL FOR TRAINING JUDGES IN USE OF COUNSELOR VERBAL RESPONSE SCALE

This manual is intended to standarize procedures for use of the IPR Counselor Verbal Response Scale in the judging of either video or audio tapes and to provide some guidelines in the training of judges in the use of the scale.

I. What is a scorable response?

Scorable responses include words, phrases, or sentences used by the counselor which interrupt the flow and momentum of client communication or which are in direct response to a client's statement. Although such responses normally occur at the conclusion of a client's communication, there are times when a counselor will deliberately interrupt a client's statement. In either case, such counselor statements are treated as scorable responses.

Responses which are part of a counselor's unconscious mannerisms, and do not interrupt the flow and momentum of client communication, e.g., "Umm," "Okay," "Hmm," "Yes," and "I see" are not scored. Responses such as "continue" and "go on" are scorable responses. In essence, they urge and encourage the client to continue with his flow of communication and reinforce the client's pattern of communication.

There are times when counselors make two distinct responses to a single client communication, these responses normally being separated by a pause:

Example: CL: "It's good to get rounded especially if I decided to teach which you really can't decide until you get into college, I guess."

CO: "Kind of hard to figure things out, isn't it?" "Do you think student teaching is helping you get the feel of teaching?"

In this case, there are clearly two responses differing in nature which must be scored separately to accurately evaluate the counselor. There are other instances in which there is a clear shift in the content of the counselor's response without a distinct pause. In such cases, as in the proceeding example, counselor statements are treated as two separate responses and are scored individually. N.B.: Each scorable counselor response must be rated on each of the five dimensions of the scale.

II. How many responses are scored?

For purposes of accurate evaluation, twenty consecutive counselor responses are scored from each counseling session rated. These responses should be drawn from the middle portions of a counseling session, avoiding both the beginning and the terminating segments of the interview. Judges should, however, be given an opportunity to listen to a few responses prior to the start of judging so that they may become acclimated to the voices and pace of both client and counselor, and may gain some familiarity with the general tone of the interview.

III. When is rating done?

Each response is rated at the conclusion of the counselor's statement (word or phrase). The tape (audio or video) should be stopped after each scorable counselor response and scoring should be completed by all judges prior to the playing of the next unit. As judges become more comfortable with the use of the scale, they should require no more than thirty seconds for the scoring of each response.

As in all judging procedures, it is desirable that communication among judges be minimized during the rating session. Thus, judges should be so placed that, while they all have adequate view of the video monitor or can clearly hear the audio tape, there is a minimum of contact among judges.

IV. How are judges trained?

It is important that adequate time be given to the training of judges. The success of any evaluation of this sort depends upon the agreement reached by the judges in defining the dimensions of the scale. Training must involve actual rating of practice tapes. The number of tapes used will, of course, depend on the needs of the judges. However, the tapes used should represent a variety of counseling interviews, i.e., experienced, inexperienced or beginning, etc.

During training, discussion should follow the rating of each counselor response (obviously in the later stages of training, this is not as crucial and a group of responses may be rated before discussion occurs) until agreement about interpretation of the dimensions of the scale is reached. Prior to the actual rating, judges should again go over the definitions of the five dimensions to insure complete understanding.

V. How much time does rating require?

It has been found that at least one hour is required for the rating of two audio tapes. It is clear that more time would be involved in the rating of video tapes due to the time required for changing tape. These time allowances should be noted prior to establishing a rating session.*

It has also been our experience that approximately three hours is necessary for adequate training of judges and discussion of the definitions of the five dimensions.

General Questions:

The most frequent question which occurs centers about whether responses can be judged independently of prior content in the interview. The intent of this scale is to focus primarily on a single client communication and counselor response. It is obvious, however, that many counselor responses take into account material which has been elicited in prior portions of the interview. Most interviews also present a general theme within which individual interactions occur. The judge must clearly be aware of this larger framework in making his rating. However, the emphasis still remains on the individual response to a client communication.

---

*Care should be taken in scheduling rating sessions so that judges are not required to rate too many tapes at any one session. If this is allowed to occur, judges may acquire a "set" which will affect later ratings.

In this context, it is important to note that ratings of responses take into account the appropriateness of the response at a given moment in time. For instance, while a response may be specific in the early portions of the interview, the same response coming later in the interview may not only be nonspecific, but also inappropriate in moving the client to a further understanding of his own concerns. To this extent, the unfolding theme and the appropriate timing of responses must be considered by the judge in making his rating.

APPENDIX C

Wisconsin Relationship Orientation Scale (WROS)

by: Joseph Steff

WISCONSIN RELATIONSHIP ORIENTATION SCALE

DIRECTIONS: Check the item which best describes your feelings toward the counselor.

_______ 1. I would attempt to avoid any kind of interaction or relationship with this person.

_______ 2. If no one else were available, I might consult this person for specific information of a factual, e.g., educational or vocational nature, but I would avoid any personal exposure.

_______ 3. I would be willing to talk with this person about factual, e.g., educational or vocational concerns, and some of the personal meanings connected with these.

_______ 4. I would be willing to talk with this person about many of my personal concerns.

_______ 5. I have the feeling that I could probably talk with this person about almost anything.

APPENDIX D

Pre-Experimental Comparisons of IPR and Traditionally Supervised Groups

Mean number of professional courses in counseling and guidance for each treatment group by quarter

Quarter	N	IPR	N	Trad.
I	4	12.67	4	16.67
II	7	12.14	7	10.14
III	7	8.71	7	8.14
Treatment Group Means	18	10.2	18	9.9

Mean total score on counselor's pre-interviews on the CVRS quarter by quarter

Quarter	N	IPR	N	Trad.
I	4	22.66	4	25.01
II	7	20.34	7	21.66
III	7	23.79	7	20.04
Treatment Groups Means	18	22.26	18	22.24

Number, sex, and level of experience of students in each treatment group quarter by quarter

Quarter	IPR	Traditional	Total
I	3 Males 1 Female	3 Males 1 Female	6 Males 2 Females
	4 Pre-practicum 0 Practi	3 Pre-practicum 1 Practicum	7 Pre-practicum 1 Practicum
II	4 Males 3 Females	3 Males 4 Females	7 Males 7 Females
	5 Pre-practicum 2 Practicum	5 Pre-practicum 2 Practicum	10 Pre-practicum 4 Practicum
III	4 Males 3 Females	2 Males 5 Females	6 Males 8 Females
	4 Pre-practicum 3 Practicum	4 Pre-practicum 3 Practicum	8 Pre-practicum 6 Practicum
Total	11 Males 7 Females	8 Males 10 Females	19 Males 17 Females
	13 Pre-practicum 5 Practicum	12 Pre-practicum 6 Practicum	25 Pre-practicum 11 Practicum

Mean age for each treatment group by quarter

Quarter	N	IPR	N	Traditional
I	4	29.5	4	40.25
II	7	30.4	7	32.9

Mean age for each treatment group by quarter (continued)

Quarter	N	IPR	N	Traditional
III	7	39.4	7	32.6
Treatment Group Means	18	33.72	18	34.39

Mean rade point average in guidance courses for each treatment group by quarter

Quarter	N	IPR	N	Traditional
I	4	3.33	4	3.28
II	7	3.41	7	3.48
III	7	3.37	7	3.33
Treatment Group Means	18	3.38	18	3.44

APPENDIX E

Mean Post-Interview Scores by Pairs for the IPR Supervised and Traditional Supervised Groups on Each Dimension of the CVRS

Mean number of post-interview responses rated affective

Quarter	Pair	IPR	Trad.	D IPR - Trad.
I	A	7.67	12.67	- 5.00
	B	9.67	5.00	4.67
	C	7.33	1.67	5.66
	D	4.33	0.67	3.66
II	E	12.00	12.67	- .67
	F	10.00	6.33	3.67
	G	10.00	7.00	3.00
	H	5.33	5.67	- .34
	I	3.33	3.00	.33
	J	11.00	1.67	9.33
	K	1.00	1.00	0.00
III	L	13.33	6.67	6.63
	M	12.33	9.67	2.67
	N	8.00	7.33	.67
	O	3.33	4.33	- 1.00
	P	6.67	6.67	0.00
	Q	7.67	3.67	4.00
	R	6.33	1.00	5.33
	Σ	139.32	96.69	42.61
	$\bar{X}$	7.47	5.37	

Mean number of post-interview responses rated understanding

Quarter	Pair	IPR	Trad.	D IPR - Trad.
I	A	18.00	13.33	4.67
	B	17.00	10.00	7.00
	C	13.00	5.00	8.00
	D	6.33	1.33	5.00
II	E	15.33	18.33	- 3.00
	F	17.33	12.67	4.66
	G	15.33	10.67	4.66
	H	11.67	10.33	1.34
	I	9.33	5.33	4.00
	J	12.33	1.33	11.00
	K	6.67	1.00	5.67
III	L	19.00	12.67	6.33
	M	17.67	14.67	3.00
	N	14.33	11.67	2.66
	O	4.67	6.67	- 2.00
	P	7.33	9.67	- 2.34
	Q	16.33	5.67	10.66
	R	13.33	2.33	11.00
	Σ	234.98	152.67	82.31
	$\bar{X}$	13.05	8.48	

Mean number of post-interview responses rated specific

Quarter	Pair	IPR	Trad.	D IPR - Trad.
I	A	15.33	13.33	2.00
	B	11.67	7.00	4.67
	C	8.33	4.33	4.00
	D	6.00	0.00	6.00
II	E	14.33	16.33	- 2.00
	F	12.67	7.33	5.34
	G	11.33	11.00	.33
	H	6.33	5.33	1.00
	I	5.67	4.67	1.00
	J	14.33	0.00	14.33
	K	2.00	1.00	1.00
III	L	17.33	8.33	9.00
	M	14.67	9.00	5.67
	N	8.33	4.33	4.00
	O	1.00	5.67	- 4.67
	P	2.67	3.33	- .66
	Q	10.33	2.67	7.66
	R	7.67	1.67	6.00
	Σ	167.99	105.32	62.67
	$\bar{X}$	9.33	5.85	

Mean number of post-interview responses rated exploratory

Quarter	Pair	IPR	Trad.	D IPR - Trad.
I	A	15.33	12.00	3.33
	B	16.33	11.33	5.00
	C	13.33	10.00	3.33
	D	8.00	0.00	8.00
II	E	17.00	17.33	- .33
	F	16.00	9.67	6.33
	G	10.33	13.67	- 3.34
	H	12.33	7.67	4.66
	I	8.33	7.33	1.00
	J	16.00	3.33	12.67
	K	2.33	.67	1.66
III	L	18.33	11.00	7.33
	M	18.33	13.00	5.33
	N	15.67	10.00	5.67
	O	2.67	8.00	- 5.33
	P	5.00	10.67	- 5.67
	Q	12.33	6.67	5.66
	R	11.67	5.33	6.34
	Σ	219.31	157.67	61.64
	$\bar{X}$	12.18	8.76	

Mean number of post-interview responses rated effective

Quarter	Pair	IPR	Trad.	D IPR - Trad.
I	A	13.00	14.33	- 1.33
	B	13.67	8.67	5.00
	C	10.33	6.00	4.33
	D	6.00	0.33	5.67
II	E	16.33	17.33	- 1.00
	F	15.67	9.33	6.34
	G	12.33	9.67	2.66
	H	8.67	8.33	.34
	I	4.33	6.00	- 1.67
	J	14.00	2.33	11.67
	K	1.67	1.33	.34
III	L	16.67	10.00	6.67
	M	14.00	13.00	1.00
	N	12.67	8.33	4.34
	O	1.33	4.67	- 3.34
	P	5.67	8.33	- 2.66
	Q	12.67	2.67	10.00
	R	11.33	4.33	7.00
	Σ	190.34	134.98	55.36
	$\bar{X}$	10.57	7.50	

Pre to post differences for individuals in the *IPR* group on responses rated affective

Quarter	Pre	IPR Post	D Post - Pre
I	4.00	7.67	3.67
	4.33	9.67	5.34
	1.67	4.33	2.66
	0.00	7.33	7.33
II	.67	1.00	.33
	5.67	10.00	4.33
	7.67	12.00	4.33
	3.67	10.00	6.33
	1.00	11.00	10.00
	0.00	3.33	3.33
	2.67	5.33	2.66
III	8.00	13.33	5.33
	6.67	3.33	- 3.34
	1.67	7.67	6.00
	3.67	6.67	3.00
	4.33	12.33	8.30
	1.67	6.33	4.66
	2.00	8.00	6.00
Σ	59.36	139.32	80.26
$\bar{X}$	3.30	7.74	

Pre to post differences for individuals in the *traditional* group on responses rated affective

Quarter	Pre	IPR Post	D Post - Pre
I	7.67	12.67	5.00
	0.00	0.67	.67
	4.00	1.67	- 2.33
	1.67	5.00	3.33
II	1.00	1.67	.67
	4.33	6.33	2.00
	3.67	7.00	3.33
	3.67	5.67	2.00
	9.67	12.67	3.00
	1.00	3.00	2.00
	0.00	1.00	1.00
III	4.67	6.67	2.00
	3.33	7.33	4.00
	0.00	1.00	1.00
	1.33	3.67	2.34
	5.00	9.67	4.67
	2.67	4.33	1.66
	2.67	6.67	4.00
Σ	56.35	96.69	40.34
$\bar{X}$	3.13	5.37	

Pre to post differences for individuals in the IPR group on responses rated understanding

Quarter	Pre	IPR Post	D Post - Pre
I	8.67	18.00	9.33
	6.33	17.00	10.67
	1.67	6.33	4.66
	3.67	13.00	9.33
II	1.67	6.67	5.00
	11.67	17.33	5.66
	10.33	15.33	5.00
	4.67	15.33	10.66
	2.67	12.33	9.66
	3.67	9.33	5.66
	4.33	11.67	7.34
III	15.00	19.00	4.00
	5.33	4.67	- .66
	4.67	16.33	11.66
	12.67	17.67	5.00
	2.33	13.33	11.00
	4.33	14.33	10.00
	4.33	7.33	3.00
Σ	108.01	234.98	126.97
$\bar{X}$	6.00	12.50	

Pre to post differences for individuals in the traditional group on responses rated understanding

Quarter	Pre	IPR Post	D Post - Pre
I	3.00	5.00	2.00
	5.00	10.00	5.00
	12.67	13.33	.66
	0.00	1.33	1.33
II	1.00	1.33	.33
	7.33	12.67	5.34
	5.33	10.67	5.34
	8.33	10.33	2.00
	15.33	18.33	3.00
	1.67	5.33	3.66
	1.00	1.00	0.00
III	9.67	12.67	3.00
	9.67	11.67	2.00
	0.00	2.33	2.33
	3.00	5.67	2.67
	10.33	14.67	4.34
	4.67	6.67	2.00
	5.67	9.67	4.00
Σ	103.67	152.67	49.00
$\bar{X}$	5.76	8.48	

Pre to post differences for individuals in the IPR group on responses rated specific

Quarter	Pre	IPR Post	D Post - Pre
I	8.67	13.33	4.66
	5.67	11.67	6.00
	0.00	6.00	6.00
	1.33	8.33	7.00
II	1.00	2.00	1.00
	2.67	6.33	3.66
	2.00	5.67	3.67
	1.67	14.33	12.66
	4.00	11.33	7.33
	6.67	14.33	7.66
	6.33	12.67	6.34
III	8.00	17.33	9.33
	1.67	1.00	- .67
	0.00	10.33	10.33
	6.67	14.67	8.00
	.67	7.67	7.00
	2.00	8.33	6.33
	1.33	2.67	1.34
Σ	60.35	167.99	107.64
$\bar{X}$	3.35	9.33	

Pre to post differences for individuals in the traditional group on responses rated specific

Quarter	Pre	IPR Post	D Post - Pre
I	2.33	4.33	2.00
	4.33	7.00	2.67
	10.33	13.33	3.00
	0.00	0.00	0.00
II	0.00	0.00	0.00
	4.67	7.33	2.66
	6.67	11.00	4.33
	3.67	5.33	1.66
	6.67	16.33	9.66
	.67	4.67	4.00
	0.00	1.00	1.00
III	5.67	8.33	2.66
	2.67	4.33	1.66
	0.00	1.67	1.67
	1.67	2.67	1.00
	4.33	9.00	4.67
	2.67	5.67	3.00
	2.00	3.33	1.33
Σ	58.35	105.32	46.97
$\bar{X}$	3.24	5.85	

Pre to post differences for individuals in the IPR group on responses rated exploratory

Quarter	Pre	IPR Post	D Post - Pre
I	10.67	15.33	4.66
	9.33	16.33	7.00
	3.33	8.00	4.67
	4.33	13.33	9.00
II	1.33	2.33	1.00
	8.00	16.00	8.00
	8.33	17.00	8.67
	5.67	10.33	4.66
	2.67	16.00	13.33
	4.33	8.33	4.00
	3.67	12.33	8.66
III	14.33	18.33	4.00
	2.33	2.67	.34
	3.67	12.33	8.66
	4.00	5.00	1.00
	10.33	18.33	8.00
	2.00	11.67	9.67
	6.33	15.67	9.34
Σ	104.65	219.31	114.66
$\bar{X}$	5.81	12.18	

Pre to post differences for individuals in the traditional group on responses rated exploratory

Quarter	Pre	IPR Post	D Post - Pre
I	6.67	10.00	3.37
	8.67	11.33	2.66
	10.67	12.00	1.33
	0.00	0.00	0.00
II	2.33	3.33	1.00
	7.67	9.67	2.00
	8.33	13.67	5.34
	4.67	7.67	3.00
	13.67	17.33	3.66
	1.33	7.33	6.00
	0.00	.67	.67
III	8.67	11.00	2.33
	7.67	10.00	2.33
	0.00	5.33	5.33
	4.33	6.67	2.34
	6.33	13.00	6.67
	5.00	8.00	3.00
	4.33	10.67	6.34
Σ	100.34	157.67	57.37
$\bar{X}$	5.57	8.76	

Pre to post differences for individuals in the IPR group on responses rated effective

Quarter	Pre	IPR Post	D Post - Pre
I	9.33	13.00	3.67
	6.00	13.67	7.67
	1.67	6.00	4.33
	1.00	10.33	8.67
II	.67	1.67	1.00
	5.67	15.67	10.00
	6.00	16.33	10.33
	4.67	12.33	7.66
	1.67	14.00	12.33
	3.67	4.33	.66
	1.33	8.67	7.34
III	9.67	16.67	7.00
	1.00	1.33	.33
	2.67	12.67	10.00
	2.00	5.67	3.67
	8.67	14.00	5.33
	3.00	11.33	8.33
	4.33	12.67	8.34
Σ	73.02	190.34	116.66
$\bar{X}$	4.06	10.57	

Pre to post differences for individuals in the traditional group on responses rated effective

Quarter	Pre	IPR Post	D Post - Pre
I	4.00	6.00	2.00
	6.33	8.67	2.34
	12.67	14.33	1.66
	0.00	0.33	.33
II	1.33	2.33	1.00
	5.33	9.33	4.00
	4.00	9.67	5.67
	3.67	8.33	4.66
	11.33	17.33	6.00
	1.33	6.00	4.67
	0.00	1.33	1.33
III	8.33	10.00	1.67
	5.00	8.33	3.33
	0.00	4.33	4.33
	1.00	2.67	1.67
	6.33	13.00	6.67
	1.67	4.67	3.00
	3.00	8.33	5.33
Σ	75.32	134.98	59.66
$\bar{X}$	4.18	7.50	

Client ratings of counselors on the WROS

Quarter	Pair	IPR	Trad.	D IPR - Trad.
I	A	5	5	0
	B	5	4	+1
	C	5	1	+4
	D	4	3	+1
II	E	5	5	0
	F	4	3	+1
	G	4	4	0
	H	3	3	0
	I	3	1	+2
	J	5	1	+4
	K	1	2	-1
III	L	5	4	+1
	M	5	4	+1
	N	4	4	0
	O	1	2	-1
	P	2	3	-1
	Q	5	2	+3
	R	5	2	+3

Total scores of counselors on the CVRS by quarter

		Quarter	
	I	II	III
	52.01	56.67	53.00
	41.34	41.00	42.67
	31.66	37.34	40.01
	26.00	29.33	34.32
S	20.00	28.00	28.34
C	10.33	24.01	20.68
O	7.34	22.68	18.99
R	0.00	14.67	17.67
E		13.67	17.00
S		9.68	15.33
		6.00	12.68
		5.66	11.33
		5.34	9.67
		1.00	0.00

Ranks of counselors on the CVRS by quarter

	Quarter		
	I	II	III
	34	36	35
	32	31	33
	27	29	30
	23	26	28
	19	24	25
R	10	22	20
A	7	21	18
N	1.5	14	17
K		13	16
S		9	15
		6	12
		5	11
		4	8
		3	1.5
	R_1 = 153.5	R_2 = 243	R_3 = 269.5

Total scores of counselors on the CVRS in Quarter III by groups

	IPR	Traditional
SCORES	53.00	42.67
	34.32	40.01
	18.99	28.34
	17.00	20.68
	15.33	17.67
	12.68	11.33
	9.67	0.00

Ranks of counselors on the CVRS in Quarter III by groups

RANKS	1	2
	4	3
	7	5
	9	6
	10	8
	11	12
	13	14
	$R_1 = 55$	$R_2 = 50$

APPENDIX F

A Review of Literature on Empathy

Attempts to define and measure the concept of empathy have been numerous and varied. Strunk (1957) states in his review of empathy theory and research that the literature is spread throughout the fields of psychology, sociology, industry, education and counseling. Even though the concept of empathy has been stressed and studied in numerous fields, there neither exists any one commonly accepted definition of empathy nor any definite answers to the critical question concerning the importance of empathic ability in variors areas of human relations.

This review explores two major questions: (1) How have empathy and related concepts been defined? (2) What approaches have been followed in attempting to apply and effectively measure empathy and its related comcepts?

Definitions of Empathy and Related Concepts

As far as 2,000 years, Plato, Aristotle, St. John, Plotinus, St. Augustine and St. Thomas Aquinas recognized the psychological processes now usually categorized under the broad term empathy (Gompertz, 1960).

Empathy as Role Playing and Role Taking

At the beginning of the twentieth century, Lipps (1909) coined the word Einfuhlung which was later translated into English as the term empathy (Buchheimer, 1960), "feeling together with" (Buchheimer, 1963), and a "feeling of oneness" (Katz, 1962). Lipps used the term to refer to an aesthetic process in which a person took in a stimulus (some work of art) and reintegrated the stimulus thereby causing a "feeling of oneness" or a "feeling together with" to occur. This process, when applied to interpersonal situations, becomes the common sense idea of "putting yourself in the other fellow's place" or role playing which Allport (1954) found to be common to a number of definitions of empathy. The most commonly accepted role playing type of definition is Dymond's, " . . . the imaginative transposing of oneself into the thinking, feeling, and acting of another and so structuring the world as he does" (Dymond, 1948). A number of other definitions (Warren, 1934; Woodson, 1954; Johnson, 1957) which are similar to Dymond's can be found in the literature.

Empathy and Role Reversal

Speroff (1953) agreed with defining empathy as role playing or role taking but added to this the additional dimension of role reversal. He defined empathy as " . . . the ability to put yourself in the other person's position, establish rapport, anticipate his feelings, reactions and behavior . . . empathy and role reversal are mutually complementary." Buchheimer (1963) in criticizing such definitions of empathy stated that " . . . concepts that are based on role-taking ability and predictive ability may be testing diagnostic understanding rather than empathy." Robinson (1955) and Meehl (1960) indicated that the importance of diagnostic understanding to the counseling relationship and the equating of empathy with diagnostic understanding can both be questioned.

Definitions Stressing Detachment and Objectivity

Another group of empathy definitions are quite similar to the role-taking and role-reversal definitions of the concept, except that they require a degree of detachment and objectivity which is stressed to different extents by various definitions. English and English (1958, p. 178) gave a definition of empathy in which it was viewed as an intellectual, objective, and detached process:

> Apprehension of the state of mind of another person without feeling (as in sympathy) what the other feels. While the empathic process is primarily intellectual, emotion is not precluded, but it is not the same emotion as that of the person with whom one empathizes. The parent may empathize with the child's puny rage, feeling pity or amusement, whereas in sympathy he would feel rage along with the child. The attitude in empathy is one of acceptance and understanding of an implicit "I see how you feel."

A similar type of definition was expounded by Rogers (1959, p. 210-211) except that he put more emphasis on the affective components of empathy. He described the empathic process as one of perceiving:

> . . . the internal frame of reference of another with accuracy, and with the emotional components and meanings which pertain thereto, as if one were the other person, but without ever losing the "as

> if" condition. Thus it means to sense the hurt or pleasure of another as he senses it, and to perceive the causes thereof as he perceives them, but without ever losing the recognition that it is as if I were hurt or pleased, etc. If this "as if" quality is lost, then the state is one of identification.

Some psychoanalytic definitions of empathy contain these same elements of detachment and objectivity. Fenichel (1945, p. 511) stated:

> . . . empathy consists of two acts: (a) an identification with the other person, and (b) and awareness of one's own feelings after the identification, and in this way an awareness of the object's feelings.

Although this definition was conceptualized in 1945, it is accepted and used in current empathy research (Chessick, 1965).

Empathy and Interaction

Murray (1938) was the first to describe empathy as an interactive process which he referred to as recipathy. Later Stewart (1954, 1955, 1956) defined empathy as mutual transference, thus describing the empathic process as an interactive one. In describing empathy and role reversal as complementary processes, Speroff (1956) recognized empathy as a process involving interaction. In 1956 Speroff referred to this process as convergence (Buchheimer, Goodman, Sircus, 1965). Buchheimer (1964) stressed the interactive component of the empathic process and referred to it by using the term confluence. In a technical research report, Buchheimer, Goodman, and Sircus (1965) defined empathy as:

> The ability to structure the world as another person sees it; i.e., the counselor's task is to feel, to _react and to interpret_ the counselee's world as he sees it without the counselor's enactment of these perceptions as if he were the counselee. (Emphasis mine)

Rogers (1951, p. 29) included similar interaction variables in his definition of empathy when he stated that:

> . . . it is the counselor's function to assume in so far as he is able, the internal frame of reference

> of the client, . . . and to communicate something of this empathic understanding to the client. (Emphasis mine)

In the preceding two definitions, words such as react, interpret and communicate add the dimension of interaction to definitions which are otherwise quite similar in content to definitions mentioned throughout this review.

Discussion and Conclusions

It is evident that in spite of abundant defining and theorizing the concept of empathy remains an ambiguous conglomeration of meanings and shades of meaning. Allport's statement published in 1937 still is a fairly accurate description of the present state of defining and theorizing concerning empathy. "The theory of empathy is a peculiar blend, and must in fact be regarded both as a theory of inference and as a theory of intuition, depending somewhat on the coloring given it by different authors" (Allport, 1937).

However, some common threads of meaning can be found throughout most definitions of empathy, especially those definitions which are related to counseling or interpersonal relations. Most of these definitions in some way require that a person be able to detect and identify the immediate affective state of another.

Therefore, this study attempts to measure only this more restricted trait of affective sensitivity, defined as "the ability to detect and describe the immediate affective state of another, or in terms of communication theory, the ability to receive and decode affective communication" (Kagan, Krathwohl, and Farquhar, 1965). Other authors have followed a similar procedure of contriving new more generic paraphrasings in order to avoid the semantic confusion inherent in general definitions of empathy. Examples of this are Gage and Cronbach's (1955) "interpersonal perception" and Taft's (1955) " ability to judge people." This research follows a similar procedure in utilizing the term affective sensitivity to describe a trait which should be a basic component of any general definition of empathy or description of the empathic process.

Previous Approaches to the Measurement of Empathy

Compared with the efforts made to measure some psychological varibles such as intelligence, efforts made to measure empathy have been meager (Buchheimer, 1963); nevertheless, a certain amount of research has been carried out in spite of the difficulties inherent in defining and effectively measuring the concept.

Gorden (1934) made one of the first attempts to demonstrate a person's ability to respond empathically. She used four photographs of a Mexican image which had one arm raised. The negatives of the four images were reversed and printed so that a total of eight photographs were shown to subjects. Subjects were asked to indicate which arm, right or left, was raised. They were then observed in order to detect whether they made any overt physical responses in an attempt to mimic the images in the photographs. These overt mimicking responses were taken to mean that the subjects were attempting to feel with the photographed images. This procedure attempted to operationalize Lipp's concept on aesthetic empathy and was more a demonstration of such empathy than an actual attempt to measure it.

Predictive Tests of Empathy

After Gorden's work demonstrating empathic responsiveness, there was little activity in the area of empathy measurement until the 1950's. From the early 1950's until the present, research has mainly followed two different approaches--predictive tests of empathy and situational tests of empathy. Predictive test approches can be further subdivided into those involving predictions based on a specific other and those involving predictions based on a general other.

Predictive Tests of Empathy--The Generalized Other

Kerr and Speroff (1954) constructed a group paper and pencil device, The Empathy Test, for use in industrial selection. In applying their theoretical definitions, they required subjects to rank as the average person would rank them: (a) the popularity of different musical forms, (b) the popularity of different magazines, and (c) the annoyance magnitude of different experiences such as seeing a person's nose run.

This test is one of the two normative empathy tests reported in the Fifth Mental Measurements Yearbook. It is accompanied by the following comment from Robert L. Thorndike (Buros, 1959, p. 120):

> There appears to be no inherent validity in the operations called for in this test, and so its validity must be established empirically through its ability to predict socially important criteria, or its relationships to other variables that would make it a meaningful construct. The manual reports several studies presenting evidence on the validity of the test, and certain of these appear quite impressive. However, the relatively few studies by persons not associated with the author have tended to yield predominately negative results. Unless the positive results reported in the manual are verified in the findings of other workers, this test cannot be recommended as either a useful practical device or a contribution to the description and understanding of an individual.

Wallace B. Hall (Buros, 1965, p. 215) comments on this same test in the Sixth Mental Measurements Yearbook. He criticized the test's normative data, manual, forms, references, scoring keys and goes on to say:

> In iew of these negative features and the implication that the test is more a measure of general information and prediction of opinions than of interpersonal empathy, there appears little to recommend this test for the purposes stated by its authors.

One other empathy test is mentioned in both the Fifth and Sixth Mental Measurements Yearbooks. In the first of these publications it is referred to as the Primary Empathic Abilities (Buros, 1959). The test, constructed by one of the authors of The Empathy Test, William Kerr, is an instrument which purports to extend the basic idea of that earlier test to the measurement of a number of distinct empathy factors. The latter test purports to measure understanding of others' feeling by having the examinee predict the self-descriptions of a large variety of generalized others. Thorndike (Buros, 1959) comments that he does not think that the purported factors are true factors and that, if this is so, the results from the test are mostly meaningless.

In the Sixth Mental Measurements Yearbook this same instrument is referred to as the Diplomacy Test of Empathy and is accompanied by the following comment by Arthur H. Brayfield (Buros, 1965, p. 187):

> Undoubtedly something is being measured here; it is difficult to say what. There are insufficient and inadequate data to believe that the construct "empathy" has been isolated.

Norman and Ainsworth (1954) developed and empathy measuring procedure based on a similar process of requiring individuals to predict the responses of a generalized other. They administered two forms of the GAMIN Personality Inventory to one sample group. On the first administration the subjects answered the questions as they normally would. Two weeks later on the second administration, the subjects were asked to answer questions as they thought the majority of other people of their own sex and age would. A mass empathy score was determined for individuals by giving them credit each time they answered by 51 percent of the subjects on the first administration.

As with the Kerr and Speroff's test, this approach is designed to measure a person's sensitivity to a generalized other. Whether it accomplishes this or not can certainly be debated. However, even if it does, the approach is not particularly applicable to counseling or interpersonal situations since these require interpersonal interaction and sensitivity to a specific other.

Predictive Tests of Empathy--The Specific Other

Most predictive tests of empathy, whether they attempt to measure sensitivity to a generalized other or to a specific other, have tended to follow the procedure introduced by Dymond (1949). In this approach empathy was measured by assessing the degree of similarity between individuals' ratings of others known to them through group interaction and the others' actual self ratings. Ratings were usually done on some personality characteristics using one of several attitude and/or personality tests. If individuals A and B were to be tested for their empathy for each other, the procedure usually used was as follows:

A rated A
B rated B
A rated B
B rated A
A rated B as he thought B rated himself
B rated A as he thought A rated himself
A rated A as he thought B would have rated him
B rated B as he thought A would have rated him

Many studies using similar procedures to measure and otherwise study the empathic process followed in the wake of Dymond's original work (Bender and Hastorf, 1950, 1953; Cowden, 1955; Hawkes and Egbert, 1954; Halpern, 1955; Weiss, 1963). Many researchers investigating these procedures questioned their adequacy. Questions were raised concerning whether or not such predictive tests were actually measuring empathy or whether they were simply measuring, or at least confounded by, such psychological variables as projection (Hastorf and Bender, 1952; Norman and Leiding, 1956; Cowden, 1955), attribution (Halpern, 1957), or identification (Jackson and Carr, 1955).

Other criticisms of the predictive-type empathy test can also be found in the literature. Lindgren and Robinson (1953) evaluated Dymond's test and found that subjects in making predictions tended to conform to social norms, that the reliability of the test was too low for predictive purposes, and that the validity of the test could be questioned. Hastorf, Bender and Weintraub (1955) suggested that subjects' high empathy scores may have been due to their tendency to make mid-scale responses under certain conditions and extreme responses under other conditions. They also indicated that responses may have reflected a cultrual norm, and thus empathy scores may only have measured conformity to the social norm by the judge and the object of empathy. Borgatta (1960) described another bias which may have operated in the Dymond-type test. That bias, self-image error, was the tendency of a person in rating himself to consider that he was high or low in certain qualities without paying attention to the qualities of others with whom he was being compared.

Since most predictive tests are variants of Dymond's approach, they all partake of these shortcomings to some extent. Cronbach (1955, p. 191) in commenting on predictive approaches to empathy measurement made the following statement:

> Social perception research has been dominated by simple, operationally defined measures. Our analysis has shown that any such measure may combine and thereby conceal important variables, or may depend heavily on unwanted components. Only by careful subdivision of global measures can an investigator hope to know what he is dealing with. Our analysis makes especially clear that the investigator or social perception must develop more explicit theory regarding the constructs he intends to study, so that he can reduce his measures to the genuinely relevant components.

It is clear that individuals' abilities to predict accurately the personality characteristics of others is a difficult and complex phenomenon to investigate, and research which has followed this procedure has not produced a reliable, valid or operationally consistent means of measuring empathy.

Situational Tests of Empathy

Situational approaches to empathy measurement seem to hold the most promise of isolating genuinely relevant components of the empathic process and producing operational definitions which are consistent with theoretical concepts of the empathic process in counseling and therapy. These approaches provide some type of real-life or simulated real-life situations involving combinations of visual, auditory, or kinesthetic stimuli which give the subject a standard experience to which he can attempt to respond empathically.

Situational Tests of Empathy Using Typescripts or Audio Stimuli

Reid and Snyder (1947) examined how accurately counselors could identify client's feelings. They played phonographic recordings and used typescripts of client's statements from actual interviews. The subjects were asked to identify the feelings being expressed in each statement within a 15 second time limit. Using 15 subjects, they found that approximately 50 percent of them agreed 50 percent of the time on the feelings identified. The authors, however, did not attempt to designate correct answers from this data or further develop a measuring instrument.

Astin (1967) published the results of her doctoral dissertation completed in 1957. She developed a situational test of empathy by having a professional actor record ten client statements on audiotape. Subjects, eight graduate students in counseling psychology and eight students with no counseling background, were required to respond to the statements as if they were the counselor. Typescripts of the responses were then independently ranked for empathic content by seven experienced psychologists. Each subject's performance was expressed as an average rank position. Astin found that the eight subjects with counseling experience performed significantly better than the eight non-counseling students.

Arbuckle and Wicas (1957) developed a similar situational test. They used audiotape recordings of interviews and developed rating systems for analyzing counselor behavior. Stefflre (1962) also experimented with a similar approach to empathy measurement. Subjects listened to an audiotape of a professional actor reading statements displaying various feelings and attempted to choose correct descriptive statements from a number of alternatives.

O'Hern and Arbuckle (1964) carried out research using audio stimuli to develope an instrument to measure the sensitivity of counselor trainees. The initial instrument consisted of 30 different client problems role played by professional counselors. Each problem recorded on the audiotape was followed by counselor responses provided by 13 individuals with varied backgrounds--full-time counselors, graduate students in counseling, and undergraduates. Professional judges independently evaluated each response on a four point scale for its degree of sensitivity. The refined instrument included 29 client problems and 114 counselor responses. The responses were validated by professional judges and were found through item analysis procedures to discriminate adequately between individuals scoring high and low on the scale. The refined instrument was administered to 212 students enrolled in seven Guidance and Counseling Institutes. Final sensitivity scale scores had no significant relationship with counseling practicum grades, staff sensitivity ratings or self sensitivity ratings. However, in a similar study, it was found that students judged most effective in counseling practice did score significantly higher on the scale than students judged least effective.

The results of research to develop situational tests which use typescripts and/or audio recordings as stimuli has been interesting and sometimes encouraging, but the research has not produced a usable test of empathy. The procedures advocated by Austin (1967) and Arbuckle and Wicas (1957) present obvious problems in that they require the use of judges in their scoring procedures. Such procedures take large amounts of time, are not easily standardized, and do not readily produce normative data. The approaches used by Stefflre (1962) and O'Hern and Arbuckle (1964) take these problems into account; however, none of these procedures has produced an instrument for measuring empathy with acceptable reliability and predictive or concurrent validity. Some of these measurement proda res made use of actors rather than actual counselors and clients to obtain the necessary stimuli. This practice is of unknown value and may be one of the factors causing the poor results. Another reason for the failure of the approaches nay well be that tests based solely on the verbal text of an interview or on the audio-recording of it are not capable of providing a subject with all the cues and clues needed for empathic understanding. In an actual counseling interview a counselor not only hears but also sees the client. The counselor reacts to the client's total presence. Sullivan (1954, p. 19) stated:

> A verbatim recording of an interview, until it has been heavily annotated, is almost invariably remarkably misleading. I have had recordings of interviews which I regarded as astonishingly good teaching material, but when I have sprung these on intelligent colleagues, I have often found them barking up trees I hadn't seen--if, indeed, such trees were ever there, and I came to realize

that they weren't. In other words the complete meaning of a conversation is not to be found in the verbatim verbal context of the communication, but is reflected in all sorts of subtle interplay.

Such implications are serious limitations to situational empathy measurement approaches which only make use of written or audio stimuli.

Situation Tests of Empathy Using both Audio and Video Stimuli

With the presence and increased use of film and television videotape, the possibility of con structing a measuring instrument which makes use of the total stimuli presented in actual counseling situations has become more feasible. Research of this type has been carried out, but the studies have been few.

Buchheimer, Goodman and Sircus (1965), as part of a larger research study, developed a three part situational film test of empathy. Part I, Silent Set, consisted of filmed passages from an actual counseling session which had the sound eliminated. The task of the subject was to view the silent film and at the conclusion describe freely in writing his impression of what had occurred. The written responses were then scored by a group of judges using a scale designed for that purpose.

Part II, Free Response, was constructed from film scenes of counselor-client interaction. The counselor was edited out so that the film contained the counselee along with blank passages in place of the counselor's responses. The subjects were required to view the sequence of filmed passages and at the end of each passage respond into a tape recorder as if they were the actual counselor. The recorded responses were then rated by a group of judges on a confluence rating scale.

Part III, Structured Response, made use of the same stimulus as Part II with the addition of multiple-choice items. Project staff members viewed the film passages and wrote a pool of responses for each statement made by the counselee. The responses were classified on a five point continuum by empathic and point five the most. Item analysis procedures using the total score as criterion were used to identify the valid items. In responding to this part of the test, the subject's task was to view the five responses shown at the end of each film passage and select the most appropriate empathic response.

On all parts of the Film Test subjects with counseling experience scored significantly higher than individuals without experience. Scores on Part III correlated .58 with ratings of empathy for a sample of 24 individuals.

Results of this research seem promising; however, Parts I and II have some inherent difficulties. Part I is actually a measure of a subject's sensitivity to non-verbal behavior and his ability to describe it accurately. This certainly may be a part of the empathic process, but only a part. Both Part I and II of the test require that judges be used to rate the subject's responses. This is time consuming, cumbersome and presents problems of standardization since every time these parts would be administered judges would have to be obtained and properly trained in the use of the scales.

Part II, Free Response, presents additional difficulties. Buchheimer, et. al. (1965) stated:

> The Language Laboratory Method, necessary for the Free Response, is a cumbersome method. Much valuable data was lost due to equipment failure. The lack of uniformity in installation presented another problem in the use of the language laboratories. . . It was difficult to write a comprehensive set of specifications to accommodate to various installations. In view of these difficulties and in view of the significant correlations between the Free Response and the Structured Response, only two parts of the Film Test may be used.

Part III, Structured Response, comes close to the measurement procedure advocated in this research. However, there is one main difference. The Structured Response subtest requires that a subject choose the most empathic counselor response from a number of alternative responses; whereas, the approach advocated in this research requires that the subject choose from a number of alternative statements the one statement which best describes what the client feels.

The difference in the two approaches if obvious. The first approach requires not only that the subject be sensitive to feelings, but that he also be able to differentiate between good and poor counselor responses. This approach should, perhaps, be considered more of a work sample type test for the predication of counselor success than a measurement of empathy itself. Work sample tests have often proved to have greater predictive validity than aptitude measures. It is quite possible, however, that an aptitude measure which requires only that the subject accurately identify the feelings of another may identify cases which might be missed by a work sample test. Subjects who have had inadequate or no counseling training or those who have had training in a related field may be overlooked by a work sample test, but may do quite well on an aptitude measure.

Thus, Buchheimer's measures have certain limitations, but in general his approaches, particularly those used in constructing Part III, are similar to those proposed in this research.

Rank (1966) developed a total stimuli measurement approach similar to the procedure used in this research. To test counselor's perceptions of interview behavior, he developed a motion picture test consisting of short segments of counselor client interaction. Items for the test were obtained by having counselor educators view the scenes and after each list statements describing their observations of client, counselor, and client-counselor. The final test form consisted of a selected list of such statements for each film scene to which a subject responded by marking a five point scale from 'strongly agree' to "strongly disagree.' The test was used to analyze change in trainee perceptions during a practicum and to assess the relationship between counselor perceptions and counseling competence. Rank found a significant relationship between post-practicum counseling competence and both pre-practicum and post-practicum test scores.

A complex weighting system was used to score the test. The system actually weighted responses to test items on the basis of counselor effectiveness rankings received by the original sample groups from various staff members. Two NDEA Institute groups of 30 trainees each were used to develop scoring weights, and a third institute group of 30 trainees was used for cross-validation purposes. Since all of these groups came from the same university, the test must be much more broadly cross-validated with other groups before its usefulness to the profession will be known. Also, because correct responses are weighted on the basis of counselor effectiveness rankings, it is more an instrument to measure counselor competence than one to measure empathy or affective sensitivity.

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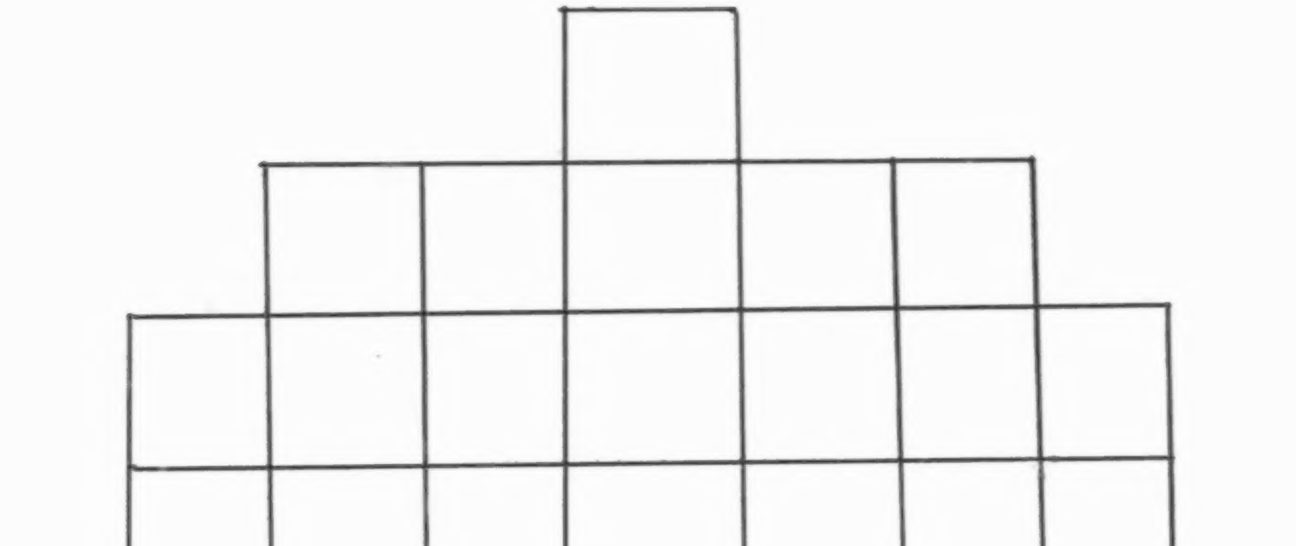
APPENDIX G

Forms Used to Collect Peer and Staff Ratings of Counselor Effectiveness

Form 1 - Peer Ratings
Form 2 - Staff Ratings

Form 1
PEER RATINGS

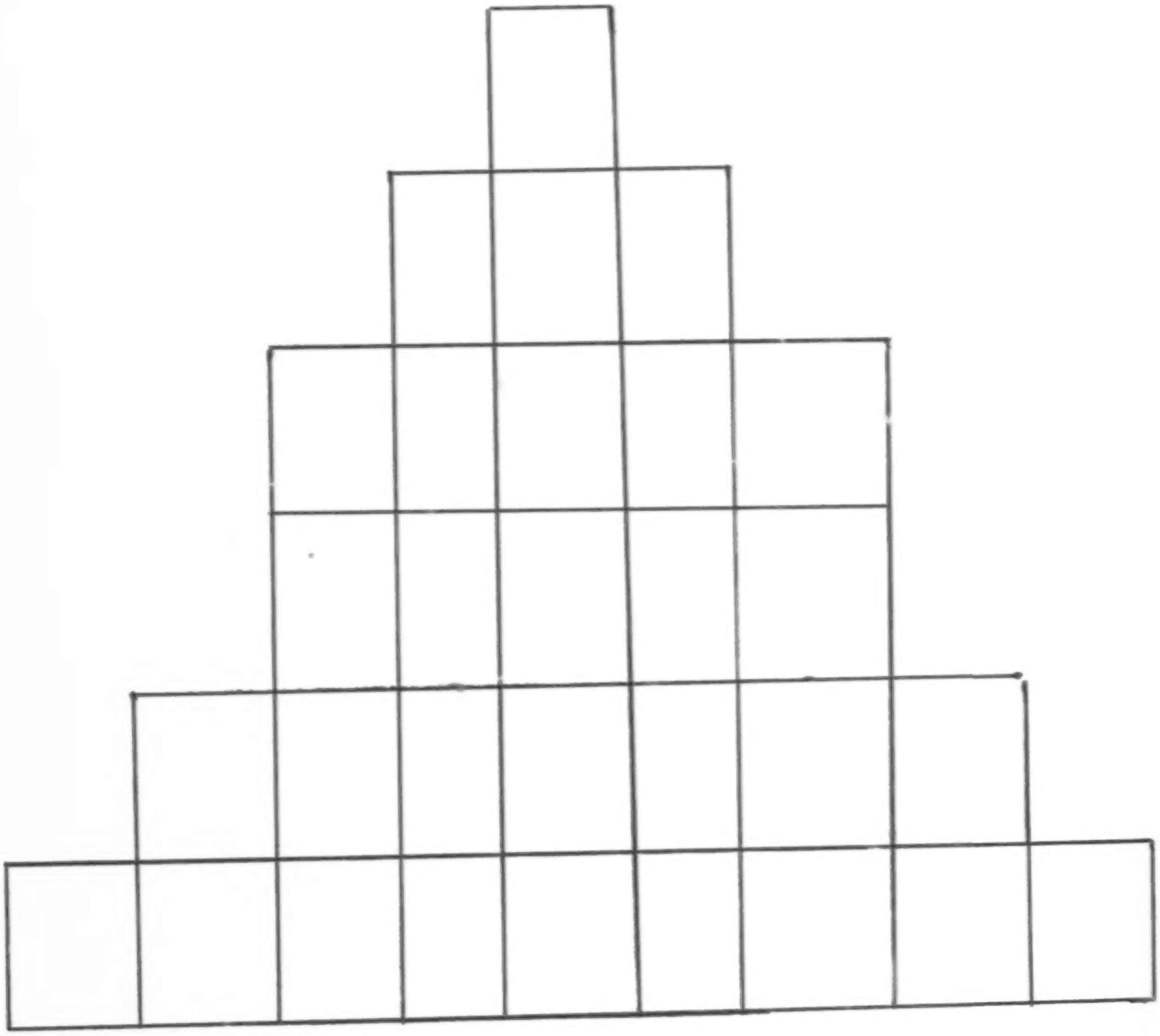
This question is designed to reveal your reaction to the other members of the Institute as potential counselors. On the next page you will find a list of all the members of the Institute with a number in front of each name. First find your name and number and draw a line thru them. Next notice that underneath the list of names is a normal curve made up of a number of squares--one for each remaining number in the list. You are to fill in the square with the numbers in your list to indicate the extent to which you would be apt to go to the various members of the Institute for counseling if you were a student in a school where they were working as counselors. The number of the person you would be most apt to consult should be placed in the square at the extreme right. The numbers of the people you would be next most apt to consult should be placed in the squares in the next column. (Only one number goes into each square and the order in which you place the names in any one column does not matter since all the squares in a column represent the same position.) Continue placing numbers remembering that the farther to the left you place the number the less apt you would be to consult him for counseling. The last square to the left will have the number of the person you would be least apt to go to for counseling. You may find it easier to do this task if you draw a line thru each name when you place its number in a square. Make sure you fill all the squares and use all the numbers.



Form 2
STAFF RATINGS

Instructions: Would you rate each person in the group in terms of his ability as a counselor. We are not concerned here with his ability as a general pupil personnel worker. We are interested only in counseling ability and skill.

As you rate, would you keep the following question in mind: "If I were to refer someone dear to me to a counselor, and needed to find a highly sensitive, skilled person, how likely would I be to choose each of the members of this group?"



APPENDIX H

Affective Sensitivity Scale
Revised Form B

pages 1 and 2 only are included here

AFFECTIVE SENSITIVITY SCALE
Instructions

You will be viewing short scenes of actual counseling sessions. You are to identify what feelings the clients have toward themselves and toward the counselors they are working with.

Although in any one scene a client may exhibit a variety of feelings, for the purposes of this instrument you are to concentrate on identifying his last feelings in the scene.

On the following pages are multiple-choice items consisting of three responses each. Most scenes have two items, but a few have three. After you view each scene, you are to read the items and ask yourself the following question:

> If the client were to view this same scene, and if he were completely open and honest with himself, which of these three responses would he use to describe his feelings?

After you decide which response accurately describes what the client is actually feeling either about himself or the counselor he is with, indicate your choice on the answer sheet.

Here is a sample item:

CLIENT I

Scene 1

Item 1

1. This exploring of my feelings is good. It makes me feel good.
2. I feel very sad and unhappy.
3. I'm groping and confused; I can't bring it all together.

After you had viewed Scene 1 for CLIENT I, you would read these three statements (Item 1) and would then decide which one best states what the client would say about his own feelings after viewing the same scene. For example, if you decide number two best states what the client is feeling, you would then find the number 1 on your answer sheet and darken in the space for number two.

1. 1==== 2■■■■ 3==== 4==== 5====

We will only make use of the first three answer spaces following each item on your answer sheet.

Remember you are to concentrate on the latter part of each scene in determining the most accurate description of the client's feelings.

After you view the appropriate scenes, you will have thirty seconds to answer each of the first twelve items. For each of the remaining items, you will be allowed twenty seconds.

CAUTION: The item numbers on your answer sheet go across the page, not down the page as you would expect!

AFFECTIVE SENSITIVITY SCALE REVISED FORM B

CLIENT I
Scene 1

Item 1
1. I'm just a little confused, I always have trouble expressing myself.
2. I'm feeling glum at this point, kind of a sad feeling.
3. I'm groping and confused; I can't bring it all together.

Item 2
1. You're (counselor) trying to understand what I'm feeling, but I'm not sure you're completely with me.
2. You really understand me. I like that.
3. You're just not with me today. Please try.

CLIENT I
Scene 2

Item 3
1. I feel sorry for my husband and the relationship we have.
2. I don't really understand what I feel. Yet, I do feel guilty about creating pain in others which returns to me.
3. I feel pleased at seeing a possible relationship between my feelings of anger and pain.

Item 4
1. He (counselor) doesn't have to like me. I just want him to agree with me and tell me I'm right.
2. I'm trying to please you. Do you like me?
3. He's really understanding me now.

CLIENT I
Scene 3

Item 5
1. I'm not sure what I feel; I'm confused, mixed up.
2. It's pretty damned hard to understand what is going on in me.
3. I'm pleased with this insight, but I'm afraid to face the anger I really feel. It scares me!

Item 6
1. He's (counselor) on the track with me. Let's go on. This feels good.
2. I'm impatient; let's not go back. Let's go on.
3. He (counselor) makes me feel very insecure with myself. I wish he wouldn't keep going.

APPENDIX I

Summary Data from Administering Form B to Sample Groups I, J, K, L, M, N, and P

Summary data, including item analysis results and other statistical data, from administering Revised Form B of the Affective Sensitivity Scale to Sample Groups I, J, K, L, M, N, and P.

Statistical Identification	Testing Time	Sample Groups						
		J^a	K^a	P^b	I^c	L^c	M^c	N^c
Mean Item Difficulty	Pre	44	39	42				
	Post	39	36	42	34	39	45	43
Mean Item Discrimination	Pre	17	16	20				
	Post	19	17	14	16	22	23	22
Mean Point Bi-serial Correlation	Pre	20	19	21				
	Post	24	21	20	22	25	27	25
Standard Error of Measurement	Pre	4.14	4.12	4.16				
	Post	4.01	3.95	4.17	4.00	4.11	4.22	4.16
Standard Deviation	Pre	6.71	6.37	8.02				
	Post	7.35	6.97	6.08	6.39	8.35	8.83	8.36
Range	Pre	34-62	41-68	36-73				
	Post	41-67	42-72	34-67	40-68	37-70	32-65	37-74
Mean	Pre	50.4	54.0	51.26				
	Post	54.1	56.8	51.73	58.7	53.9	48.8	50.7
Number in Group	Pre	34	31	50				
	Post	27	31	26	27	27	24	24

[a] Time interval between pretest and posttest was six months.

[b] Time interval between pretest and posttest was one week.

[c] When the scale was administered to a group only once, the results are reported in the row labelled "Post".

Description of Sample Groups

I, J, and K - Individuals attending master's degree full-year NDEA Counseling and Guidance Institutes at large universities located in midwestern states.

P - Undergraduate students attending a large northern midwestern university.

L and M - Individuals attending master's degree full-year NDEA Counseling and Guidance Institutes at large universities located in southern states.

N - Group of practicing school counselors in a northern midwestern state.

APPENDIX J

Distribution of Scores for the Affective Sensitivity Scale on 402 Subjects--1967

Distribution of scores for the affective sensitivity scale on 402 subjects--1967

Raw Score	Frequency	Cumulative Frequency	Percentile Rank	Standard Score
74	1	1	99	77.5
73	2	3	99	76.3
70	2	5	99	72.8
68	1	6	99	70.4
67	1	7	98	69.3
66	4	11	98	68.1
65	5	16	97	66.9
64	5	21	95	65.7
63	4	25	94	64.5
62	9	34	93	63.4
61	12	46	90	62.2
60	13	59	87	61.0
59	12	71	84	59.8
58	18	89	80	58.7
57	12	101	76	57.5
56	17	118	73	56.3
55	18	136	68	55.1
54	18	154	64	53.9
53	14	168	60	52.8
52	20	188	56	51.6
51	20	208	51	50.4
50	18	226	46	49.3
49	20	246	41	48.2
48	27	273	35	47.0
47	16	289	30	45.8
46	12	301	27	44.6
45	12	313	24	43.4
44	12	325	21	42.3
43	15	340	17	41.1
42	9	349	14	39.9
41	8	357	12	38.7
40	6	363	10	37.6
39	4	367	9	36.4
38	3	370	8	35.2
37	9	379	7	34.0
36	8	387	5	32.8
35	1	388	4	31.7
34	3	391	3	30.5
33	1	392	3	29.3
32	2	394	2	28.1
31	1	395	2	27.0
30	1	396	2	25.8
29	2	398	1	24.6

Distribution of scores for the Affective Sensitivity Scale on 402 subjects--1967 continued

Raw Score	Frequency	Cumulative Frequency	Percentile Rank	Standard Score
27	2	400	1	22.2
25	1	401	0	19.9
21	1	402	0	15.2

Mean = 50.65
Standard
Deviation = 8.49
Variance = 72.01
Standard Score has mean of 50 and Standard Deviation of 10

This distribution is based on scores derived from the studies reported in Chapter II, Section III of this report and hence consists mostly of counselors who were in their first year of graduate study. Results are of kinescope and videotape presentations and hence when this distribution is used for normative comparisons these delimitations must be considered.

APPENDIX K

Intercorrelation Matrices for Novices Above and Below Median

NOVICE - ABOVE MEDIAN

Intercorrelation Matrix

	1	2	3	4	5	6
1	1.0000					
2	-0.0467	1.0000				
3	0.2800	0.0342	1.0000			
4	0.0282	-0.2555	-0.0182	1.0000		
5	-0.3447	0.0760	-0.4145	-0.3032	1.0000	
6	0.2912	-0.0751	0.4905	0.1849	-0.6456	1.0000
7	0.2703	0.0084	0.2298	0.3048	-0.5092	0.4527
8	0.2231	-0.0966	0.1670	0.3899	-0.4876	0.4168
9	-0.2124	-0.0161	-0.3739	-0.2901	0.6007	-0.5478
10	0.2234	-0.1150	0.0983	0.3450	-0.4763	0.3366
11	-0.2418	-0.0047	-0.2984	-0.2663	0.5729	-0.4127
12	-0.0569	0.3114	0.0525	-0.0969	0.0828	-0.0998
13	0.2476	-0.1696	0.1856	0.1180	-0.2305	0.3352
14	-0.0627	0.2740	0.0120	-0.3280	0.1730	-0.1750
15	0.1440	-0.0366	0.1438	-0.0009	-0.1905	0.2795
16	0.0955	-0.1607	-0.0118	0.2597	-0.2078	0.0558
17	-0.1449	0.3941	-0.0214	-0.2315	0.2382	-0.2356
18	0.1036	-0.0751	-0.0324	0.0032	0.0441	0.0567
19	-0.0330	0.3852	-0.1617	-0.3029	0.2368	-0.3354
20	-0.0370	-0.2771	-0.0214	0.3990	-0.1790	0.2071
21	0.0365	-0.2503	0.0493	0.4659	-0.2777	0.2764
22	-0.1249	0.2051	-0.0737	-0.3409	0.3634	-0.2341
23	-0.2867	0.0348	-0.1842	-0.3253	0.3623	-0.2754
24	0.2336	-0.0603	0.0948	0.3673	-0.3006	0.2275
25	0.1434	-0.4209	0.0632	0.2107	-0.0900	0.2168
26	-0.2599	0.2390	-0.2817	-0.2317	0.4963	-0.5374

Novice - Above Median

Intercorrelation Matrix

	6	7	8	9	10	11
1						
2						
3						
4						
5						
6	1.0000					
7	0.4527	1.0000				
8	0.4168	0.3977	1.0000			
9	-0.5478	-0.5821	-0.4586	1.0000		
10	0.3366	0.2623	0.5397	-0.4315	1.0000	
11	-0.4127	-0.5417	-0.4342	0.6373	-0.4283	1.0000
12	-0.0998	-0.0117	-0.0383	-0.0387	-0.1356	0.0026
13	0.3352	0.1943	0.2331	-0.2046	0.1742	-0.0897
14	-0.1750	-0.1652	-0.2418	0.1865	-0.1741	0.0892
15	0.2795	0.1906	0.1627	-0.2338	0.1637	-0.1295
16	0.0558	0.1047	0.2745	-0.2198	0.3245	-0.2577
17	-0.2356	-0.1975	-0.2134	0.1337	-0.1694	0.1566
18	0.0567	0.0439	-0.0072	-0.0399	-0.0119	0.1017
19	-0.3354	-0.2069	-0.2011	0.2013	-0.2473	0.2566
20	0.2071	0.1432	0.2206	-0.0798	0.1863	-0.0344
21	0.2764	0.2292	0.3155	-0.3143	0.2929	-0.2452
22	-0.2341	-0.2218	-0.3579	0.2534	-0.3087	0.2765
23	-0.2754	-0.4998	-0.2979	0.4763	-0.2414	0.4534
24	0.2275	0.5006	0.2729	-0.4266	0.1582	-0.4473
25	0.2168	0.1192	0.3074	-0.0707	0.2158	-0.0309
26	-0.5374	-0.3533	-0.3938	0.5231	-0.3977	0.4510

NOVICE
Novice - Above Median

Intercorrelation Matrix

	12	13	14	15	16	17
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1.0000					
13	-0.3140	1.0000				
14	0.2711	-0.3858	1.0000			
15	-0.0885	0.4070	-0.2723	1.0000		
16	-0.0894	-0.0254	-0.1124	-0.0701	1.0000	
17	0.3446	-0.3666	0.4774	-0.1670	-0.1560	1.0000
18	-0.0430	0.2870	-0.1397	0.2435	-0.0380	-0.1196
19	0.2591	-0.2320	0.1288	-0.0791	-0.1545	0.3446
20	-0.2326	0.1470	-0.2553	0.0378	0.1789	-0.2154
21	-0.0879	0.1085	-0.2300	0.1290	0.2901	-0.1971
22	0.0429	-0.0506	0.1974	-0.0270	-0.2062	0.2387
23	-0.0465	-0.1850	0.0609	-0.1219	-0.2530	0.1378
24	0.0268	0.0878	-0.1068	0.0439	0.1974	-0.1834
25	-0.1742	0.3174	-0.3686	0.2061	0.0306	-0.3506
26	0.1487	-0.2709	0.2094	-0.2599	-0.2236	0.3164

Novice - Above Median

Intercorrelation Matrix

	18	19	20	21	22	23
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	1.0000					
19	-0.0215	1.0000				
20	-0.0049	-0.2127	1.0000			
21	-0.0020	-0.2430	0.5400	1.0000		
22	0.1545	0.2182	-0.3582	-0.3635	1.0000	
23	-0.0151	0.2203	-0.1610	-0.3324	0.2563	1.0000
24	0.0094	-0.2820	0.0833	0.2801	-0.1734	-0.5404
25	0.1544	-0.2626	0.2108	0.2736	-0.0588	-0.0731
26	0.0345	0.4021	-0.1813	-0.3284	0.2829	0.[illegible]148

Novice - Above Median

Intercorrelation Matrix

	24	25	26
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24	1.0000		
25	0.1234	1.0000	
26	-0.3012	-0.2938	1.0000

NOVICE - BELOW MEDIAN

Intercorrelation Matrix

	1	2	3	4	5	6
1	1.0000					
2	-0.0712	1.0000				
3	0.2498	0.0894	1.0000			
4	0.0754	-0.1488	0.0593	1.0000		
5	-0.4143	0.1860	-0.4198	-0.2949	1.0000	
6	0.4016	-0.1378	0.4585	0.1925	-0.6968	1.0000
7	0.3109	-0.0807	0.3283	0.5037	-0.5653	0.4448
8	0.4049	-0.2037	0.1799	0.3436	-0.5234	0.4373
9	-0.2680	0.0396	-0.3520	-0.3640	0.6016	-0.5044
10	0.4188	-0.1791	0.1967	0.2301	-0.5111	0.4566
11	-0.3026	0.1554	-0.2419	-0.4160	0.5698	-0.4144
12	-0.0722	0.2517	0.0147	-0.0803	0.0626	-0.1100
13	0.2195	-0.1778	0.2813	0.1260	-0.3807	0.4418
14	-0.1737	0.3007	-0.0767	-0.4443	0.3624	-0.3027
15	0.2499	-0.0584	0.2587	0.1183	-0.2937	0.4104
16	0.1527	-0.1628	0.0627	0.4232	-0.3381	0.2264
17	-0.3434	0.4430	-0.2221	-0.3222	0.4785	-0.4063
18	0.0503	-0.2060	-0.0318	0.2404	-0.0860	0.1131
19	-0.2940	0.2277	-0.3465	-0.1564	0.3839	-0.4034
20	0.1751	-0.2341	0.1496	0.4044	-0.4322	0.3548
21	0.1699	-0.0488	0.2210	0.4062	-0.3913	0.3581
22	-0.3077	0.2002	-0.1899	0.2859	0.5100	-0.3812
23	-0.2758	0.0565	-0.2767	-0.4940	0.4433	-0.3348
24	0.2439	-0.1198	0.0961	0.5381	-0.3599	0.2848
25	0.2000	-0.4606	0.0417	0.1512	-0.1970	0.2485
26	-0.2778	0.2593	-0.1560	-0.2668	0.4918	-0.4386

Novice - Below Median

Intercorrelation Matrix

	7	8	9	10	11	12
1						
2						
3						
4						
5						
6						
7	1.0000					
8	0.4454	1.0000				
9	-0.6076	-0.5524	1.0000			
10	0.4440	0.6697	-0.4585	1.0000		
11	-0.6028	-0.5518	0.6696	-0.5146	1.0000	
12	-0.0294	-0.0678	-0.0282	-0.1256	0.0966	1.0000
13	0.3204	0.3174	-0.3510	0.3368	-0.2686	-0.2232
14	-0.3183	-0.4517	0.3523	-0.4089	0.4128	0.2184
15	0.2552	0.2467	-0.2791	0.3359	-0.2159	-0.1227
16	0.4016	0.3961	-0.3640	0.3138	-0.3560	0.0174
17	-0.3857	-0.5059	0.3156	-0.4702	0.3952	0.2767
18	0.1161	0.1467	-0.1299	0.1888	-0.1623	-0.2224
19	-0.3376	-0.2617	0.2280	-0.3311	0.3062	0.2400
20	0.3835	0.4067	-0.3688	0.3674	-0.3843	-0.0707
21	0.4183	0.3923	-0.4857	0.3343	-0.3982	0.0148
22	-0.3565	-0.4432	0.4195	-0.4266	0.4793	0.1110
23	-0.6841	-0.4146	0.6185	-0.3826	0.5955	-0.0122
24	0.5564	0.4183	-0.5249	0.3653	-0.5730	-0.0396
25	0.1574	0.2736	-0.0991	0.3902	-0.1431	-0.2081
26	-0.4091	-0.4904	0.4278	-0.4859	0.4064	0.0995

Novice - Below Median

Intercorrelation Matrix

	13	14	15	16	17	18
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1.0000					
14	-0.3190	1.0000				
15	0.4545	-0.2369	1.0000			
16	0.2685	-0.4011	0.1357	1.0000		
17	-0.4085	0.5848	-0.2790	-0.3277	1.0000	
18	0.1665	-0.2789	0.1173	0.2052	-0.2501	1.0000
19	-0.3558	0.2966	-0.3094	-0.1171	0.4494	-0.1756
20	0.1610	-0.3243	0.2207	0.3954	-0.3569	0.0993
21	0.2654	-0.3208	0.1564	0.4276	-0.2931	0.1275
22	-0.2416	0.4343	-0.2569	-0.3289	0.3994	-0.0895
23	-0.2569	0.3338	-0.1983	-0.4085	0.3580	-0.1112
24	0.2180	-0.3912	0.1496	0.4185	-0.3015	0.2962
25	0.3479	-0.3304	0.3009	0.2446	-0.4157	0.1198
26	-0.2886	0.3535	-0.2369	-0.3459	0.4392	-0.1025

Novice - Below Median

Intercorrelation Matrix

	19	20	21	22	23	24
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19	1.0000					
20	-0.1890	1.0000				
21	-0.1604	0.4586	1.0000			
22	0.3415	-0.2987	-0.2934	1.0000		
23	0.2950	-0.4385	-0.4361	0.4341	1.0000	
24	-0.2119	0.3759	0.4693	-0.3720	-0.6639	1.0000
25	-0.2519	0.2376	0.1171	-0.1778	-0.0947	0.0714
26	0.3533	-0.4452	-0.3184	0.4107	0.3656	-0.2742

Novice - Below Median

Intercorrelation Matrix

	25	26
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25	1.0000	
26	-0.2608	1.0000

APPENDIX L

Intercorrelation Matrix for All Novices

ALL NOVICES

Intercorrelation Matrix

	1	2	3	4	5	6
1	1.0000					
2	-0.0609	1.0000				
3	0.2678	0.0494	1.0000			
4	0.0500	-0.2064	0.0197	1.0000		
5	-0.3781	0.1392	-0.4239	-0.2974	1.0000	
6	0.3419	-0.1062	0.4759	0.1886	-0.6682	1.0000
7	0.2900	-0.0374	0.2807	0.4000	-0.5350	0.4497
8	0.3082	-0.1500	0.1769	0.3676	-0.5068	0.4273
9	-0.2398	0.0167	-0.3672	-0.3254	0.6035	-0.5276
10	0.3126	-0.1463	0.1475	0.2911	-0.4926	0.3931
11	-0.2715	0.0762	-0.2751	-0.3384	0.5738	-0.4145
12	-0.0673	0.2913	0.0242	-0.0893	0.0850	-0.1074
13	0.2351	-0.1753	0.2342	0.1220	-0.3069	0.3867
14	-0.1131	0.2749	-0.0256	-0.3842	0.2588	-0.2349
15	0.1861	-0.0371	0.1867	0.0521	-0.2246	0.3336
16	0.1212	-0.1587	0.0229	0.3383	-0.2684	0.1366
17	-0.2377	0.4136	-0.1199	-0.2756	0.3564	-0.3176
18	0.0706	-0.1224	-0.0450	0.1224	-0.0065	0.0795
19	-0.1531	0.3186	-0.2544	-0.2341	0.3137	-0.3682
20	0.0544	-0.2523	0.0532	0.4005	-0.2898	0.2717
21	0.0946	-0.1489	0.1242	0.4357	-0.3204	0.3114
22	-0.2072	0.2020	-0.1284	-0.3151	0.4307	-0.3021
23	-0.2819	0.0461	-0.2292	-0.4053	0.4006	-0.3036
24	0.2355	-0.0799	0.0893	0.4435	-0.3172	0.2507
25	0.1721	-0.4454	0.0635	0.1823	-0.1552	0.2338
26	-0.2699	0.2557	-0.2269	-0.2482	0.5003	-0.4900

sig $\underline{r}$ .95 = .296 when N = 30
sig $\underline{r}$ .95 = .211 when N = 60
sig $\underline{r}$ .95 = .074 when N = 500

All Novices

Intercorrelation Matrix

	7	8	9	10	11	12
1						
2						
3						
4						
5						
6						
7	1.0000					
8	0.4223	1.0000				
9	-0.5958	-0.5060	1.0000			
10	0.3496	0.6019	-0.4452	1.0000		
11	-0.5730	-0.4934	0.6548	-0.4704	1.0000	
12	-0.0251	-0.0572	-0.0263	-0.1333	0.0549	1.0000
13	0.2569	0.2753	-0.2778	0.2526	-0.1794	-0.2715
14	-0.2384	-0.3433	0.2644	-0.2874	0.2496	0.2334
15	0.2147	0.1957	-0.2469	0.2368	-0.1625	-0.0944
16	0.2485	0.3325	-0.2886	0.3185	-0.3042	-0.0355
17	-0.2899	-0.3571	0.2232	-0.3143	0.2747	0.3092
18	0.0735	0.0648	-0.0759	0.0845	-0.0269	-0.1187
19	-0.2713	-0.2324	0.2176	-0.2877	0.2835	0.2551
20	0.2511	0.3033	-0.2098	0.2660	-0.1936	-0.1529
21	0.3155	0.3474	-0.3902	0.3089	-0.3131	-0.0307
22	0.2852	-0.3978	0.3316	-0.3632	0.3726	0.0747
23	-0.5883	-0.3543	0.5446	-0.3081	0.5221	-0.0283
24	0.5214	0.3357	-0.4656	0.2490	-0.4991	0.0024
25	0.1419	0.2947	-0.0917	0.2987	-0.0920	-0.2001
26	-0.3833	-0.4435	0.4792	-0.4408	0.4324	0.1335

All Novices

Intercorrelation Matrix

	13	14	15	16	17	18
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1.0000					
14	-0.3472	1.0000				
15	0.4238	-0.2587	1.0000			
16	0.1182	-0.2614	0.0259	1.0000		
17	-0.3871	0.5315	-0.2181	-0.2413	1.0000	
18	0.2169	-0.2244	0.1894	0.0906	-0.1869	1.0000
19	-0.2923	0.2058	-0.1751	-0.1350	0.3938	-0.0888
20	0.1517	-0.2897	0.1201	0.2794	-0.2811	0.0520
21	0.1817	-0.2801	0.1466	0.3571	-0.2437	0.0745
22	-0.1415	0.3137	-0.1286	-0.2644	0.3158	0.0305
23	-0.2201	0.1969	-0.1544	-0.3276	0.2452	-0.0614
24	0.1458	-0.2476	0.0939	0.2987	-0.2381	0.1567
25	0.3331	-0.3353	0.2359	0.1300	-0.3788	0.1171
26	-0.2811	0.2737	-0.2381	-0.2810	0.3757	-0.0230

All Novices

Intercorrelation Matrix

	19	20	21	22	23	23
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19	1.0000					
20	-0.1984	1.0000				
21	-0.1979	0.5036	1.0000			
22	0.2748	-0.3310	-0.3294	1.0000		
23	0.2558	-0.2862	-0.3795	0.3395	1.0000	
24	-0.2455	0.2129	0.3689	-0.2618	-0.5942	1.0000
25	-0.2633	0.2159	0.1887	-0.1135	-0.0846	0.0922
26	0.3823	-0.2982	-0.3134	0.3426	0.3902	-0.2803

All Novices

Intercorrelation Matrix

	25	26
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25	1.0000	
26	-0.2862	1.0000

APPENDIX M

Client Growth Scales

Client Observation Sheet

Counselor: ______________
Session No ______________
Rater: __________________

Four characteristics of client growth are described below. Please indicate to what extent you saw evidence of each in this client.

1. The client owns his discomfort. The client admits that he is unhappy, or that he has feelings of discomfort. He begins to see that these feelings are not general but are tied to specific concerns, fears, people, or other definite sources of discomfort. In short, he "owns" the discomfort he feels--he accepts it as his own.

   How much evidence is there of this?

   Much Some Little None

2. The client commits himself to change. The client decides that he wants to change and says so. Since he wants to change, he cooperates with the counselor rather than resisting the counseling efforts. The client faces his problem directly (because of his desire to change) rather than avoiding it or changing the subject, and he is willing to face the consequences of changing.

   How much evidence is there of this?

   Much Some Little None

3. The client differentiates stimuli. Rather than reacting in general ways to everything and everyone around him, the client comes to realize that people and events are individual, and he learns to respond to them as such. For example, he may learn that his problems are only with certain people or only on certain occasions, he learns that he himself is an unique and complex person, and he learns that society is composed of many distinct people and events to which he can respond in many different ways.

   How much evidence is there of this?

   Much Some Little None

4. The client behaves differently. The final outcome of counseling is new bheavior, both in the counseling session and outside it. The client behaves differently with his counselor, exploring more reasonably his problems and redefining his relationship with the counselor. He also reports new changed behavior occurring outside the counseling session--in the "real world."

   How much evidence is there of this?

   Much Some Little None

Characteristics of Client Growth
Form I

Counselor: ____________
Session No: ____________
Rater: ____________

1. (a) Compared to the last session, the client's ability to gain insight has
   - ____________(1) markedly lessened
   - ____________(2) lessened somewhat
   - ____________(3) remained the same
   - ____________(4) improved somewhat
   - ____________(5) improved markedly

   (b) Compared to the last session the client's defenses have been
   - ____________(1) markedly strengthened
   - ____________(2) strengthened somewhat
   - ____________(3) unaltered
   - ____________(4) lowered somewhat
   - ____________(5) markedly lowered

   (c) Compared to the last session the client's ability to experience feeling has
   - ____________(1) markedly lessened
   - ____________(2) lessened somewhat
   - ____________(3) remained the same
   - ____________(4) improved somewhat
   - ____________(5) improved markedly

   (d) Compared to the last session the client's ability to relate to the therapist has
   - ____________(1) markedly lessened
   - ____________(2) lessened somewhat
   - ____________(3) remained the same
   - ____________(4) improved somewhat
   - ____________(5) improved markedly

   (e) Compared to the last session, the overall therapeutic relationship has
   - ____________(1) markedly deteriorated
   - ____________(2) fallen off somewhat
   - ____________(3) remained the same
   - ____________(4) improved somewhat
   - ____________(5) progressed markedly

2. Briefly describe any noticeable changes in this section.

____

____

____

Characteristics of Client Growth
Form II

Counselor: ________________

Session No: ________________

Rater: ________________

1. Compared to the last session, the client's owning of his discomfort has:

___________(1) markedly strengthened
___________(2) strengthened somewhat
___________(3) unaltered
___________(4) lowered somewhat
___________(5) markedly lowered

2. Compared to the last session, the client's commitment to change has:

___________(1) markedly strengthened
___________(2) strengthened somewhat
___________(3) unaltered
___________(4) lowered somewhat
___________(5) markedly lowered

3. Compared to the last session, the client's ability to differentiate stimuli has:

___________(1) markedly strengthened
___________(2) strengthened somewhat
___________(3) unaltered
___________(4) lowered somewhat
___________(5) markedly lowered

4. Compared to the last session, the client's positive behavior has:

___________(1) markedly improved
___________(2) improved somewhat
___________(3) remained unaltered
___________(4) fallen off somewhat
___________(5) markedly deteriorated

APPENDIX N

A Sample IPR Protocol

A SAMPLE IPR PROTOCOL

As an illustration of the format of an IPR counseling session, and of the changing nature of the interactions between client and counselor and between client and recall counselor, the complete protocol of an initial interview is provided here. This sample was part of one of our early case studies in acceleration of client progress in counseling. Only minor editing has been done to shorten or simplify certain passages for convenience of printing--for example, frequent interjections of "Mm-hm" by the counselor are not indicated--material that might identify the client has been omitted.

In presenting this material we hope the reader will appreciate both the richness and the complexity of IPR data. It seemed to us that presenting an actual procotol was the best way of making clear to the reader the extent to which clients overtly interpret material and the extent to which the researcher must "read into it" in order to make implications clear.

The client is Kitty, a 40-year-old married woman with two children, whose case is referred to in Chapter 5 of this report. This appendix contains her first half-hour interview with the counselor; the client recall session with another recall counselor which took place immediately after the interview and lasted for an hour-and-a-half; the counselor's introspective recall at the same time; and the delayed mutual recall of the counselor and client after the lapse of two months and two intervening IPR sessions.

The following protocol shows segments of the interview in juxtaposition with the associated material from counselor and client recall sessions. Asterisks have been used to indicate the points at which the interview was stopped and recall took place. Although the interview tape could be stopped at any point by either the counselor or the client, the client halted the replay unless otherwise indicated. Such a halt in replay is shown in the protocol as a sector, the remarks of the person on recall being inserted into the continuity of the original interview. In the delayed mutual recall session, however, the pauses for recall do not coincide in place or number with the original sectors, so these points are annotated as they occur in the interview. As an example, (#1) occurring in sector 2 of the interview means that the videotape was stopped at this point for sector 1 of the delayed recall.

Sector 1: Interview

(Taping begins as the client tells how she came to enter into the previous counseling relationship which led to her first contact with the IPR method.)

CL[1]: ...and that's how it all started is that something didn't quite come out true, and so he questioned me and the more he questioned me, the more I began to question myself...and so then he said "Well, we better spend some time on this," and it was more serious than I realized, and so uh, that's where it all started...*

*Sector 1: Counselor Recall

CO[2]: During this time I wasn't exactly clear on what she was referring to regarding (what "didn't come out quite true"). Now this is something previously I'd known that was pretty loaded for her. Uh, and because of the previous knowledge I had of its loading, I hesitated to bring it up to see exactly what was behind it. Somehow I'd gotten the feeling that uh, whatever the experience was, it was somewhat traumatic for her. Uh, in a sense I think my hesitation was, it was a bit premature in the interview and we would perhaps get to this later on when she brought it up voluntarily again.

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[1] CL= Client (abbr.)

[2] CO= Counselor (abbr.)

*Sector 1: Client Recall

CL: (Still with a subdued and sober tone after the tears in which she had concluded the interview) I feel I'm running away from something there. I-I-I don't know what it is--I have the feeling that I want to touch it but I want to run from it too...And I was aware of my hands, my fingers just picked up real fast in the tempo of it. I noticed the fingers just started going faster and I turned my head and I also turned from him.

RE[3]: Well I looked away from him here?

CL: Well I looked away, I mean, as though I-- "There's some truth here but let's get on, let's get on to something else." ...I have the feeling there's something in there I want to run away from... I don't want to look at, and yet it was important enough to bring it out, refer to it.

RE: You don't want to talk about it.

CL: No, 'cause my hands were quiet, see I've turned my knees away... I'm not even looking at him.

Sector #1: Delayed Mutual Recall

(As taping begins the first words are inaudible)

CL: Yeah, it was too frightening to even get ahold of, as a whole... It's only been in the relationship with you and this whole process that I've been able to, as I say, even now. But at least it's more connected so that I can move now; right there I was stopped.

CO: Uh-huh. Yeah. You're kind of feeling at first that uh, say at this time here, it's so frightening it was unreal.

CL: Like a terrible nightmare. And yet I couldn't erase it as a nightmare, it had--

CO: 'Cause it had happened. (Both talking)

CL: Yeah. I was tense in that (the video tape) too... I mean compared to how I feel in this moment, I looked as though uh, I were--I started to say mechanical, as though I was just uh, real tense and tight, really tight!

CO: Mm-hm. Uh, I felt the same thing, uh, like you're on guard.

CL: Yeah, well I am.

CO: Sort of tight hold on the reins.

---

[3] RE= Recall counselor (abbr.)

Sector 2: Interview

CL: It was quite a traumatic experience, and getting into it was a pretty touchy situation all the way along.

CO: I'm sure it was.

CL: So I'm sure some of this may revert back to sense of guilt or something, I don't know, but at least I want to get it out and find out.

CO: Why don't you (tell me) how you feel coming here again would help you? (#1)

CL: I think it stems from the standpoint of uh, this feeling of dissatisfaction with myself as a person and, uh, in recognizing that I am dissatisfied, not to sit in that and become resentful or hostile, which of course would affect my relationships--and I do feel has--at least I feel they could be better; and in the process of this, realizing that I can't do it myself, and because of respect and confidence here that I would come back to this, or come back to this source.*

*Sector 2: Counselor Recall

CO: At this point I was unclear as to what she was really talking about. I knew how I framed the question, perhaps I was unclear about it, but I felt that the whole feeling she had in coming back was rather unclear, that she was muddled. I certainly at this point was unclear as to what she was really asking in coming back.

*Sector 2: Client Recall

CL: I'm aware though now..at the time I wasn't--but now as I view back, I wished that I had known him (counselor) before. "It's the school I respect and the people I have known, I don't know you (counselor) as a person, so therefore I may have an image of you because of this, but, uh, at least I want to trust you and to go on." But there _is_ that question.

RE: Uh huh. At the moment, at the time you're saying this, you're not sure, "Can I trust you?"

CL: Because I say, "It's _here_, meaning the school, the institution, and the people that have gone on before you. You are new to me but I hope that--." There's that question there. At least I don't feel that now, but I think it is there.

RE: Now when this feeling changes--

CL: Maybe I'll see it.

RE: Yeah, see what it turns to.

Sector #2: Delayed Mutual Recall

CO: How do you feel about that now?

CL: Oh-h-h! (Embarrassed) Such an intellectual--everything has to be--coming to these conclusions. I don't get any feeling from her! And I'm saying "her"...

CO: She's quite another person, huh?

CL: Yeah! Uh, I'm very much aware of how relaxed _you_ look; uh, yet there seems to be something going on, as though she wants to move out and yet she's uh, not sure, she's kind of feeling her way around in this; and you're letting me 'cause I feel you're very relaxed; and at one point I think you were puzzled by it when you went like this,--were you?

CO: That's right. This is a long time ago, but I think perhaps what I may have been feeling; I wasn't quite sure what you were really saying, I felt the words were here. In other words... that she's saying something here which makes uh, rational sense, but at a deeper level she must be saying something else because the two, the feeling and what you were saying, were so far apart.

CL: There was a void...It's like reading a pamphlet written by somebody and can't feel the person's pulse, or feel his skin temperature.

CO: Kind of that way, right. The difference I think between what we've seen so far here in this first tape and the last is quite tremendous... Not only relaxation but there's more of you available!....

Sector 3: Interview

CO: So the idea is you do want to continue receiving help and to work more of this out?

CL: Very definitely. At first I had the idea that counseling was for a period of time in your life, you know, and then you got this worked through and then you were set, because from then on you could manage things and think it through, and work it through; but I've come to the conclusion that this isn't so, that we can until we reach another point and then if the--your environment or your associates do not offer this, then it's important to seek it out, (#2) which is what I'm experiencing now. But maybe uh, the question is too, that maybe I didn't work enough through at that time and need to work it out more completely or maybe that I am moving on to an entirely different outlook.*

*Sector 3: Counselor Recall

CO: I'm still groping to try to find out what it is that she's getting at in terms of her needs in coming back. Uh, I'm getting the feeling now that perhaps her vagueness is pretty pervasive in her life, that she gets tangled up in a lot of minutiae, some of it rationalization, some of it very strong feelings that she feels she somehow can't face or handle should she allow herself to feel rather strongly. In other words, I'm also getting a feeling that she exerts tremendous control upon herself at some times. I'm also a little uncomfortable with her, uh, her very vague type of--framing things.

*Sector 3: Client Recall

CL: I--I'm really just marking time here...I'm trying to feel him through and see whether I can trust--I mean this whole thing.

RE: The hand movement...

CL: Yeah, I can see this now, "I'm just trying to get the feel of you a little bit more," or something, 'cause it seems to me right now as I look at it, "Oh come on, let's--." (Sigh) I was just kind of marking time--

RE: Mark time, see what he says, how he says it, who is he.

CL: And what's he feeling like, and how do I feel towards the person. I'm trying to feel his pulse.

RE: Are you getting any feedback? What feelings are you getting, what do you think he's feeling or thinking?

CL: This is what I'm trying to get but right now I can't. I'm not getting any thing here as to what he might be feeling.

RE: But you're trying to?

CL: Right. So this is like marking time.

Sector #2: Delayed Mutual Recall (Cont'd)

CL: I know I feel much more relaxed, and freer. And right now as though I'm looking at somebody different.

CO: Mm! It's "she."

CL: Yeah, I was aware I said it was "she." (Laughing)

Sector #3: Delayed Mutual Recall

CL: She's an entirely different person, 'cause I'm different now. The other day this same situation came up, and he said, well, he has his homework to do, and I said, "Oh shut up and go do it!" (Both laughing) And gosh, I would never say "Well now, I'm angry with you." But I did then.

CO: There it was, huh?

CL: This is surprising to me, I mean even that I--to relate this, now it seems so different, but he did, I mean--and I just turned and said "Oh shut up and do your homework!"

CO: How did he react to you then?

CL: Well, he kind of looked surprised, but he went out and did his homework; there wasn't any argument or anything, and I realized that it was different; and when I think about this (the videotape), I think, gee! She-she's so composed in this! Maybe I have more feelings yet to come out, but right now it seems humorous when I see this. And at the (Cont'd on p. 86.)

Sector 4: Interview

CL: (Cont'd) or something of this sort and need the extra; right now I feel the need for a relationship with a person to work some of these dissatisfied feelings out.

CO: (Who has been trying to break in) You mentioned something about hostility or anger; can you tell me more about this?

CL: (Taking a deep breath) Well, let's see, um.*

*Sector 4: Counselor Recall

CO: I might also add a note here that I have a feeling of being constrained in the chair, by that I mean that I don't know how much freedom I have in terms of bodily movement, for fear that I should get off camera. Part of this is the newness of my feelings in the situation. Part of it too, is the feeling that uh, I don't have enough latitude because characteristically I move around more in my chair and at times lean toward or move up toward the counselee by scooting my chair over toward her. Uh, I haven't had feelings like that yet with Kitty but they occur later on in the tape. I'll point those out as we go along.

*Sector 4: Client Recall

CL: Yeah, now, now! This is where it changes. 'Cause I think "Alright, now he's been listening." Because I did say this, and I wonder-could I have done that deliberately?

RE: You mean give him a clue to see if he's pick it up?

CL: Because I had said "hostility" and "resentment" and I was just wondering, could I have thrown that out then, 'cause I felt this--you know--wanting to feel him, and if I could have thrown that out, because he did pick it up and now I respond--'cause I change, even my eyes look different and kind of a movement--you can almost see it in my, not only in my facial--but almost in the tone of my skin, you can see the "Okay now, let's get rolling."

RE: So you both hide and at the same time expose yourself at this point--you say "hostility" and so on, it's kind of leading out a little bit, and yet the overall feeling is "protect myself."

CL: Yeah. Till I know. Because um, that I was pleased with.

RE: That he picked it up, you were glad that he picked it up?

CL: Mm-hm. He did listen, you know?...This feeling, "Well uh, I'm here as a person and he's listening to me." "At least we can go one more step." Because I think that shows.

Sector #3: Delayed Mutual Recall (Cont'd)

CL: (Cont'd) time I said it, it felt very good to say, you know, "Shut up!" So I (inaudible) at least a little bit more feeling. She seems too composed, you know.

CO: Kind of a little bit wooden and stiff, uh-huh, yeah. Yeah, this is a feeling I get too. Not only composed and controlled, overly controlled, but a little solemn, like you wouldn't enjoy life very much.

CL: No, that's true. There I keep getting another feeling uh,...when she's saying "This is why I came here," there's a little bit that comes out every now and then, I get warm feelings as though maybe I kind of like her, uh--

CO: Have some hope for her.

CL: Yeah, she's seeking something, she wants to feel something...and so it's kind of like today as I look at her as though she's--"Gee, I'd kinda like you if I could get to know you, if we could kind of get through some of this uh, the bushes or whatever you've got in front of you." I mean, 'cause it keeps coming out, it's in this one area. "I'm here because I want to get on," that little bit, it seems like such a sliver right now, but I like that, and I feel warm towards this part. But the other, she'd kinda wear me out I think today. (Laughs) (End of selected excerpt.)

Sector 5: Interview

CL: (Cont'd) These are two things I had felt very guilty about. If I had any feelings of hostility or anger, they would never be expressed and uh, if I had any inkling at all that I was beginning to be angry with anyone, I would work with a great deal of putting forth energy and discipline that I not be, because I thought this was a thing that was very, very wrong. But since then I am able to recognize when I _am_ angry and, um, also am able to express it to a degree, but maybe not fully. I noticed you picked this up that, uh, I had said it. This may mean a lead into something.

CO: How is it for you now, when you get angry--how does it make you feel?

CL: Well, first of all it's good to admit it, uh, like specifically I think of--well with the kids, I have a son, Ted, who is twelve and uh, he'll slough off on his homework and watch TV and I'll catch him at TV...*

*Sector 5: Counselor Recall

CO: I had a feeling at this point, and she mentioned several things later on, that somehow she needs to exert controls on others and in so doing feels that she controls some of her own feelings and experiences within herself. In other words, she gives a tremendous amount of structure to her environment and so doing, this sort of contains or directs her own anxiety in herself.

*Sector 5: Client Recall

CL: Uh, this is bothersome to me. I wish I didn't have to go into this, telling him his age and everything.... So, well, now we're here in details again.

RE: Again?

CL: Yeah.

RE: Does this mean you're running again?

CL: Yeah, as though, uh, I'm impatient.

RE: Impatient--impatient with yourself? With the situation?

CL: No, with him too--

RE: Oh!

CL: And yet uh, there isn't anything that gives me, I mean in him, that is making it but it's something that uh, I'm impatient, I want to get on. So I have a feeling I used this, really now, becoming more sure.

RE: I'm not too clear. You're impatient with the counselor?

CL: No, at the relationship. Which would be with him, but I'm also in it. You see I threw out the hostility and resentment, he picked it up... This pleased me and then I wanted to get on, but not get on into hostility and resentment, I wanted to get on into something else that was in me so I let out a little bit but I--'All right, this is true, but let's get on to something deeper that is bothering me.'

RE: I see, but then you begin to go into detail.

CL: I feel I have to bring him up-to-date and this is why I get impatient.

RE: I see, but you're also, you're detouring now. 'Let's get away from hostility' is your feeling now?

CL: Yeah, there's something else deeper that I don't recognize that I want to get at.

Sector #3: Delayed Mutual Recall (Cont'd)

CL: Oh, I think so, I think that--

CO: That you were working like hell you know, to--to get out of it what you needed to, and to give to it what you could, and uh, you were working against so many handicaps--

CL: Within myself--

CO: Yeah.

CL: (Slowly, considering) Yeah, I really think, I mean, as I view this now this is true. Really there was so little to work with, when I look at it.

CO: So little, you say?

Sector 6: Interview

CL: (Cont'd) and then I'll come out and say 'Well, right now I'm very angry with you,' and just be able to admit it to myself. I'm glad that I can instead of being so involved (#3) in myself and not express this and uh, so that he knows too that what I say now I'm saying because I'm angry and the relationship between us isn't very good, and then I point out why, and this has been, I think, helpful.

CO: You feel that then you two can talk at a more meaningful level, is that it?

CL: Well, I think I can, rather than before I would probably clam up and walk out of the room but, uh, still I think it would be expressed some way, uh, maybe delayed or something, I mean I can't go back now to something specific but uh--I mean this very fact that I can immediately admit that I m angry...and this is the moment and the situation that created it, and that's it!

CO: You don't have to keep it in and hold it back.

CL: No, I--I feel that I can...*

*Sector 6: Counselor Recall

CO: The question I had in my mind at this point was uh, that apparently she's unaware of a great deal of anger that she still has attached to mixed feelings about herself. Uh, this was a very vague feeling. I couldn't really attach it to too much other than the previous videotape I'd seen of her. She seemed to be rather studied, deliberate, rather tight, even though she was dealing with material at this point that would normally uh, give a person who was able to handle it a great deal of freedom. I thought she lacked some of this freedom. I began wondering too about her feelings toward her son, what the relationship really held for her, uh, also I had feelings about his sex, in other words, would she have similar feelings with a girl child who was behaving in a similar manner? This we didn't explore.

*Sector 6: Client Recall

CL: You know, I don't think that--and, I can't get at what it is--but I have the feeling that I do hold back more.

RE: You feel you're doing it there?

CL: No, but what we're talking about, uh, I say I admit when I'm angry but really I don't believe i, uh, know how to fully express myself, either anger, or joy, or anything. And so, uh, this is all I'm capable of saying at the moment, or able to do...But right now I realize that, well yeah, this--this isn't all of it, there's more that I don't know yet.

RE: Mm-hm. And do you recall any feelings that you were having as you were saying this?

CL: Well, it comes to me more now in watching it than I don't think I was as conscious of it there but now watching back to them, I have the feeling there's more. (With deep feeling) That really I'd like to know how I could express anger. I mean it's good to be able to say I'm angry and recognize it but how...?

RE: Um and you're not really getting it all, not really expressing it all?

CL: Up until right now I thought I was.

RE: But now you wonder?

CL: Yeah. A real question. (Her voice expresses that she is deeply moved.)

Sector #3: Delayed Mutual Recall (Cont'd)

CL: Yeah. But well, it was all I had... And I evidently--that I knew this within myself that it was ebbing away, and I knew that, I never would have come if I didn't, and that is what I feel kinda--kinda like a warmth, a going-out feeling to her, is that I'd be willing to give time with her, you know.

CO: Mn-hm, mm-hm.

CL: Is this what you felt at the time too?

CO: Oh, yes. I felt you had all kinds of feelings--and stirrings going on--in the part down very deep, you know? Uh, in other words, what I'm saying is I didn't take it at face value the logic of what you were saying. It makes sense and I could understand it and follow you, and I'm sure this is how you are seeing it, and a lot of it I'm sure is very accurate, that isn't what I was questioning. My question is 'Well, how does this relate to what really goes on underneath, where you're living your feelings?"

Sector 7: Interview

CL: (Cont'd) come right out and say it. Now, as far as any other expression of it, I don't know whether I do or--other than just verbalizing it at the time and admitting that I am.

CO: Are there several things or one thing, uh, that you feel now is driving you back in, to seeking help?

CL: Well uh, yes there are. I think it, um...*

*Sector 7: Counselor Recall

CO: At this point I am trying to still help her clarify for me uh, what she is seeking in coming back. She's mentioned several things but they're rather vague. Uh, I get the feeling that she won't allow herself to have feelings about her needs in coming back. I'm attempting to help her focus more sharply on exactly what it is that is driving her back to counseling. Also I'm trying to determine how strong this need or needs to come may be, this need or needs. Um, whether it's still vague or whether there's some specific things.

*Sector 7: Client Recall

CL: Now there--there's where--that was--the fact that he said 'driving you into seeking help.' ...As thought there's something wrong in seeking help.

RE: Hmm. You didn't like that statement?

CL: No. I notice I turned away too. Uh, because I don't feel driven into it. I feel as though I want to defend this now, I can feel it now, the counseling, the way I see counseling isn't the kind of thing somebody's driven into. It's something somebody seeks out for a better way rather than--

RE: Mm-hm.

CL: I mean that word 'drive,' I mean maybe I used the word myself, and it's a strong word for me but uh.

Sector #3: Delayed Mutual Recall (Cont'd)

CL: Well, I wasn't much living!

CO: Well, I think you were, but in a particular way, perhaps pretty guarded, huh? And not too expressive, as you--as you really can be.

CL: Mn-hm. Or even today, I feel there--there's a whole new--

CO: Right. Yeah. In other words, you've become something different, it's like you're turning on the light more.

CL: Well, I know I feel very different.

CO: The bulb's a little further above the ground now, no one's stepped on it yet.[1]

CL: Oh! I hadn't thought about that: Yeah! yeah, yeah. Can almost feel the rain on the nose. (Both laughing)

Sector #4: Delayed Mutual Recall

CL: I'm running away from you there.

CO: Uh, how is that? Tell me how you see yourself as running away.

CL: When I get into all these details, like the ages of the kids; and how; and--I don't know--I just felt, you know, as though, 'what did I run away from him for?' 'Cause right before that I had the feeling 'Gee, you were real patient.' You know, and then here I ran away from you and I wonder why. When I get into details, it seems I'm running.

CO: This means something, huh? It has some significance. There's a reason for it.

CL: Yeah. Now, you said uh--

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[1] A reference to the content of Sector 26. The analogy is of herself to a bulb trying to break through the ground.

Sector 8: Interview

CL: (Cont'd) to sum it up is in the relationship with my family, my two children, Ted whom I've already referred to, Janice a little younger, and then my husband. Uh, the relationships there, and the dissatisfaction (#4) and then also with the work that I'm engaged in doing, I don't feel that I am doing as well. And yet I have no tangible indication that I'm not, anything that I can grasp ahold of, and yet it's an unsettled feeling. And it's almost as though I am listening for somebody to say I'm not doing a good job, to verify this uneasy feeling which may sound pretty silly but it's there.

CO: Somebody to sort of look over your shoulder and tap you, and tell you that--

CL: Something is wrong, Um, why this is there, or where it stems from, I don't know...(#5)

(The client goes on to describe her professional responsibilities, and the approval which she has been receiving from her employers.)

...and there's just uh, ample comments in communication from the officials and board members...*

*Sector 8: Counselor Recall

CO: The glowing contradiction here that I'm not too sure she's aware of as to it's deeper ramifications seemed quite apparent to me. In other words, she's getting a lot of feedback that she's doing a good job, but at the same time her own feelings are that uh, something's missing,something's lacking. I felt this was real pertinent material, in fact to the point that it may be locked around a large kernel within any difficulty she may have in a general sense.

I noticed she used the term "officials' uh, 'board members,' titles of this sort, which I wondered about at the time, how she felt about authority figures... I am still somewhat groping for clarity as to her needs in coming in, they are becoming a bit clear, uh, but we still have some ways to go on this.

As a person I might add, I feel rather comfortable with Kitty. She has warmth, a lot of it I feel is masked over, but I feel that with time and some work it would be available to her. I also feel that her need to mask her feelings over, to rationalize certain feelings, to contain them, is rather strong; that perhaps this is what she's bucking against in her own life. At this point too, I began to notice that uh, Kitty was an attractive person, that she, uh, has a neat appearance, uh, in other words, uh, physically as a person I might meet on the street, she feels like, uh, she has a lot of feminine qualities.

*Sector 8: Client Recall

CL: (During replay) You see-I've run away from him again into details.
RE: Into details, yes.
CL: Detail's my escape, I guess.
RE: Uh-huh... (Pause) Why are you telling him this?
CL: I don't know... (Pause) I'm defending myself here somehow.
RE: (Stopping replay) Do you recall from what? What is it you're protecting yourself from?
CL: No except...there's something that I want him to understand, that I'm terribly dissatisfied. But I can't get ahold of it, it's so elusive... I can't get ahold of it and I want him to get ahold of it.
RE: Then at the same time you want to protect yourself from him?
CL: Mn-hm. And I think it's that word 'drive', 'drive you back into counseling' as though I was regressing...
RE: It's not 'driven,' is this what you're trying to communicate?
CL: Yeah, that this is really moving to something better and I indicate that which is good so much better, and to me it's kind of like moving through a doorway into something better and this 'driven back," the combination "driven you back into counseling'... I uh, I relate it to regression, less than what is good and I think this is probably one reason why I got into all this, cause I m aware here watching it, my greatest tool of defense is my details.

Sector #4: Delayed Mutual Recall (Cont'd)

CO: I used the term 'drive' which I think you commented on before (Client Recall; Sector 7). 'What seems to drive you back in?' Did you feel somehow that word 'drive' didn't fit or..?
CL: Well, let's see. (Reluctant to admit her previous annoyance.)
CO: How does it feel now?
CL: Well, I think it's the word back, if I were--driving ahead, I think, would be more fitting to what she was saying.
CO: It's like I was revealing it as regression. (Term used by client in recall; Sector 8)
CL: Regression?
CO: That what you'd done hadn't really counted. Something like that?
CL: (Trapped and having difficulty admitting her feelings of rejection and anger) And I think now, as I look at this especially, I realize this warm feeling of (Continued)

Sector 9: Interview

CL: (Cont'd) (She offers further evidence of her success at her job.) (#6)

...so I mean with all this kind of evidence that 'Well, Kitty, you ought to be really thankful and quite happy' (with a catch in her voice.)

And yet, there's something that...*

*Sector 9: Counselor Recall

CO: I've noticed at this time too, that she's very expressive with her bodily movements, that for instance, when she made a gesture there with her hands saying that she is uneasy about it, her hands really told the same thing. She's been doing this now more during the interview. Also her facial expressions uh, compliment any bodily movement she may have uh, saying the same things that she's verbalizing at the time.

*Sector 9: Client Recall

CL: I'm working hard to let him know that this is good...that counseling leads us on to something better, not something you're going to go back into, regression or something less than what it is now.
RE: The word he used implied um, a seriousness or a greater degree of being troubled?
CL: Mm-hm. Calamity, kind of thing.
RE: Calamity--it's not that serious?
CL: Well no, the view of counseling--evidently I differ with him... Counseling is to go on to something better... That this is good now, you don't have to,um, be completely beaten before you go into counseling.
RE: So what you're saying is 'And I'm not completely beaten.'
CL: No, I could exist like this but I think there's something better... And I want it. Evidently I'm working quite hard and I want him to understand it. (Showing distress) Because this looks to me like 'I'm working to get something across to you but you're not getting it.' (Troubled laugh) At least this is the way it seems.

Sector #4: Delayed Mutual Recall (Cont'd)

CL: (Cont'd) accepting this individual--and her efforts out--which is coming out--to what little bit there is--to seek counseling, to go back would be almost, uh, uh, kind of throwing the towel in. I don't know whether that's how--I can't quite get how I felt then, because it seems so--such a long time--and really by days it isn't, but it seems such a long--I can't quite get at it accurately but it's uh, well it's the word 'back' related to regression, where it's almost like I've put forth as much effort as I have, which to me is going ahead, and when you sit back--cause I've got to leave it--I've left you--and I think I'd do that now. I'm not sure, but I just have that feeling right now, this is more familiar than she's been to this point, so I feel that--maybe there must still be something.
CO: That there still must be something here?
CL: There may still be some of this in me; the word 'back'... However I think, well--it's hard to uh--what I would do at this point.
CO: Uh, some of that--whatever it may be--and I think it's--several things seemed to make sense to me in the next statement you said right after that. You started ticking off the ages of your family and you left off with your daughter and you went right on and said 'Of course, there s Louis,' The feeling I got--the way I read it was that when you said 'Of course, there's Louis,' it was like he was another child.

Sector 10: Interview

CL: (Cont'd) Uh, it's almost that I m just uneasy in it as though uh, I can't qui--quite trust this.

CO: Can't trust the success you've made?

CL: (Interrupting) That somewhere I am not doing a good job. And here as I say, the evidence--and I enjoy everything I do, every bit of this, there isn't anything that I um, am unhappy about except this gnawing feeling I'm not doing as well as I could be doing, and yet what that is I don't know (#7). But there is an unrest, and it's pretty consistent, it isn't just one time.

CO: ...how much aware are you of this kind of feeling?

CL: Usually in times of relaxing... Or during the night waking up.

CO: Oh, you wake up with this too?

CL: Uh-huh, that Now there's something I'm missing, that could be done better, I'm not doing as well as I could be.'

CO: Yeah. Yeah. You mentioned also you wanted to progress some more in your relationship with your husband?

CL: Well, in the family relationships, definitely there, and I'm conscious of this during the actual experience of the relationship. Uh where at work, I'm not, it's more reflective there--

CO: Yeah--

CL: But at home it's in the moment that I'm saying now I could have said something--I could have been better in this relationship, I could have maybe listened instead of talking, or I could have--I mean this is constant with me.

CO: Yeah. Well--how do you and your husband get along? Now.

CL: Well, I'm--I'm not sure how I can answer this.*

*Sector 10: Counselor Recall

CO: My feeling at this point when she said 'I'm not sure how I can answer this' in response to my question, 'How do you get along with your husband?' was that again she's not allowing herself to have feelings to the extent she's capable of; at the time I began to wonder what this need to control her feelings so tightly means. In other words, what function it serves for her. Uh, I began to speculate would she feel flooded if she allowed herself to have her feelings, would she feel she couldn't control her impulses, would she feel that she would do something to the relationship that would damage it beyond repair?

My general feelings about Kitty at this point were that here's a woman who has a lot that's buried within herself in terms of expression, and enjoyment of life that she never really realizes; and there s another feeling that's beginning to creep in for me and that is at times she is rather dull within herself and she feels this as unrest. My feelings at this moment were that she was kind of dull.

*Sector 10: Client Recall

CL: Oh, I m running away.

RE: From what?

CL: Louis...'cause I said "the family relationship, running away from it.

RE: How do you feel at that moment?

CL: Well, it was that"I told you I didn't want to stay on it but here you are now--okay!'

RE: Trapped?

CL: Yeah, cause I looked away and brushed him off with my hand gesture, and (sigh) 'I told you already I didn t want to.' And at the time I thought 'Well, maybe I'd better face it.' This is, I think this is what goes on when I want to look at something but I don't...

RE: Mm-hm. Any notions about what he's thinking at this point?

CL: I have the feeling that he felt it was important so he was sticking with it...

RE: And what is he thinking about you as you guessed at this time. Have any feelings?

CL: No, except uh, he caught me on this, 'You passed over it, I'm gonna bring you right back to it. Even though I don't like it, uh, cause of the gestures and things, I have the feeling that uh, uh, this is helpful in building trust because uh, he did pick this up... I have the feeling that he is going to stay with me. I think this is probably the first time I ve got this feeling...

RE: He's not going to let you escape.

Sector #4: Delayed Mutual Recall (Cont'd)

CL: (Pause) Say, that s true! I have feelings like that now. Now they're clear, 'cause I've had this over the Christmas vacation and I've said this, that I have to plan for three children because the competition that came up between Ted and Louis one day just--I said My gosh, you're acting like two boys fighting over one--' I can't remember what it was I said now, but the feeling was this; and so then I--it hit me real clear that this is true. That I do have this feeling. I have to plan my time and my activities as though I had three children.

CO: Kind of divide them up so you don't jilt one or the other, huh?

CL: Yeah and--oh, I know now, it was at the table in conversation, and the two of them were talking upon each other and I said 'Now this is--I feel as though I ve got two kids trying to get both of my ears at the same time,' and this is true. I kind of watch it, 'How was your day,' and 'How was your day,' and How was your day,' and if I don't give adequate time to all three, like three kids, then I have difficulties.

Sector 11: Interview

CL: (Cont'd) I'm not satisfied so therefore I'm not satisfied in this relationship. From his indications, it would seem as though he were and all is well, but _I'm_ not satisfied. Now I keep coming back "I'm not satisfied' and this isn't getting us anywhere. Well, maybe I can get ahold of something specific. (Pause) (#_8_) I seem to have the feeling that he's too contented and this is irritating to me. Now what do I mean by this? I think of the things that he has worked for in his life that have meaning to him.

(Here the client launches into a description of her husband's vocational and leisure interests.)*

*Sector 11: Counselor Recall

CO: I had a very strong feeling and it began to grow at this point, that she was protecting her husband. Somehow she felt he was a weak man, incapable of either holding up his own load for himself or perhaps even for her too. To the extent that this may be true, that there is this need to protect him, uh, it would seem that she has gone to great extent to uh, help him plan or satisfy himself while her needs to be satisfied aren't really being met by him. It was on this basis that I began to question uh, how does he meet her needs, how do they really communicate and get along? Also such questions as uh, sexually, how do they get along, what satisfactions are met in that kind of relationship?

*Sector 11: Client Recall

RE: (During replay) Well you're annoyed with him when he did this or not?
CL: I'm not conscious of being annoyed... (Pause) Yes, I am! And yet I move towards him but there's a mixture. (RE: Yeah) I'm squirming which is irritation. (RE: Uh-huh) Here I am in details again.
RE: Running.
CL: And yet I've switched and I'm turning towards him so I'm accepting. Ambivalent, very ambivalent.
CL: Oh, I'm in detail. (Stopping replay) I know there's some feeling there, I'm just hiding; in regard to all this.
RE: Hmmmmm?
CL: And I think I've picked the clue up from the standpoint earlier that it was pretty clear that I used details to run; and now that I realize this, in looking at this I can see now there are strong feelings. Maybe there are feelings that there are--I don't know, this is pretty tender--that there is a great separation between Louis and myself... I think I get this from the standpoint when I kind of winced a little bit when I said that. I seem to feel a little wince in my shoulders or something here as I looked at it. That there's something there that hurts....

Sector #4: Delayed Mutual Recall (Cont'd)

CO: Uh-huh, one's going to react and feel snubbed and treated some particular way. Yeah, well, I wondered about this uh, I guess that's when I first started to wonder about it.
CL: Well, you picked that up and that's true... (The discussion diverges from recall to elaboration of the family background. The client describes the changes in herself and her husband, and from the topic of this relationship she returns to discuss the present transaction with the counselor.) ...but that isn't meeting my need and uh, uh, I've never been able to admit this and look at this until most recently. And I--here again I bring it to the relationship with you: 'I've got needs that need to be met.'
CO: You're real and--
CL: And then the other thing too is that here I am able to look more realistically at the great difference between Louis and myself, that this is Louis, a very informal, folksey kind of person; and I am more comfortable in a different situation, and to see these as differences but in no way diminishing the relationship, and I know I could never before counseling with you in the relationship...
CO: He can have his things some times that are different and so can you, and you're better off for it.

Sector 12: Interview

(The client continues to describe her husband's leisure activities.)

CL: He had a little garden this summer, and I can see he's happy with this. (#9) ...It means an expenditure of energy and yet when I see him and the preparation he puts in and how much he enjoys it, I know it's good for him. Well this is quite a full schedule for a man to have and uh, he's very happy and very contented but there seems to be something that I feel that he's kind of sitting on it.

CO: Sitting on it, huh?

CL: Sitting on them. Uh, for example...*

*Sector 12: Counselor Recall

CO: When she said "He's sitting on it," I gathered from this that she was really saying that "I'm very dissatisfied with this man at times, that he isn't meeting my needs in whatever sense," that uh, as she later on put it, "He's going to seed," or something to this effect. I also in the back of my mind have the feeling that uh, perhaps she needs to control this man, either because he doesn't come through for her or because uh, of hostile reasons that are unknown to her at this time.

*Sector 12: Client Recall

RE: (During replay) What does that hand /movement/ mean?

CL: I use it a lot. I don't know... (Pause) I think I'm really trying to get myself out. 'Cause it looks as though I want to get it, I want to tell him how I feel but I can't, and my hand is doing the best... I'm bracing myself!

RE: What for? What against?

CL: (Stopping replay) I think it's getting at--myself coming out, I kinda take a deep breath and get a little closer to how I do feel... It's getting close and yet uh I want to and yet I feel I need to brace myself for what I think's gonna come from him.

RE: Oh, all right. He's about to say something revealing, any notion of what?

CL: Well, he picked up back there that I felt Louis was sitting on it, and anything that would get closer to what I was feeling, my honest feelings, 'cause I can see how I was protecting myself so much that he might remove this protection. He might say something that will, that I--I want to and yet I don't want to reveal.

RE: Yes. Anything in the words, "sitting on it?"

CL: I don't know...

RE: ...You braced yourself. Do you recall what it felt like at all?

CL: Grit my teeth and bear it, kind of.

RE: Grit your teeth and bear it. And you felt your muscles tensing?

CL: Yeah, oh yeah.

RE: Arms?

CL: Especially through my shoulders. I was bracing myself.

Sector #4: Delayed Mutual Recall (Cont'd)

CL: This is hard for him, because he feels I reject him, but I can say--and now this isn't easy--I can say "I'm not rejecting, these are your feelings but I have my needs too, "but yet rejection to me is hurting; so here I am, I mean this is still a little hard for me. I can feel a tightening up in my stomach now... 'Cause I don't want to hurt him and rejection is hurtful but yet---

CO: In other words, there's still that much of a boy in him that if you're honest, he won't be able to cope with your honesty.

CL: Yeah, I haven't been able to say this to him yet, except uh, I've been saying about the children... I haven't quite uh--I don't feel I could

Sector 13: Interview

CL: (Cont'd) ...it's kinda like when he reached that point of life it almost felt to me as though he sat down and when I stop and I think and I look, I just feel as if he's grown awfully old al--all of a sudden. And uh--I don't mean it physically, I mean it as far as uh--(groping for words)

CO: His personality goes.

CL: Uh-huh. I like to get into...*

*Sector 13: Counselor Recall

CO: Of course I didn't quite understand what she meant by his getting old at this time. Uh, she qualified it by saying he's not physically old but it's more of a personality type of again. I wondered at the moment why she needed to qualify this "physical," what this meant. I also wondered if she meant that she has to take care of him, in other words, I was following on an earlier hypothesis here, about her needing to take care of him.

*Sector 13: Client Recall

CL: That's not completely true either 'cause I feel it's physically. So here's the ambivalence again I mean I'm--I'm saying something that, but yet there's the other too, and yet when he says it, I--I say no... So I'm uneasy here, because if I weren't uneasy I would say it because I've said this before, that he looks as though he's aged to me and uh, uh, why I would do this I don't know. Because I said, 'No, it isn't true.' So this ambivalence works both ways, it uh, it distorts my feeling too. (Groping for the feeling but unable to get it.)

RE: Running from the physical, let's cover that up somehow.

CL: Yeah, yeah. I don't want to face that now. There's something about that (trailing off).

Sector #4: Delayed Mutual Recall (Cont'd)

CO: You're gonna have to sort of avoid that for now, kinda protect a little bit yet.

CL: I don't feel I could tell him what I just said to you... As I said this, I probably have said things before that I shouldn't have, it wasn't the timing for, because I wanted this relationship. You know it's interesting as I get ahold of this...because this relationship with you--'cause I felt free enough to say it, and I know now the difference between being free to say how I feel to him and being free to say how I feel to you.

CO: And what's the difference?

CL: Well, I feel uh, how is it, I feel that I have been accepted by you and uh, well, we're both freer in that you would come back and say to me, where I don't feel he--he would, uh, it would be hurting him, and I don't feel I would hurt you.

CO: In other words if something were to impinge upon me, I'd let you know someway and he might not and might continue to be hurt.

CL: Yeah, and then in a hurt there is a reaction, uh, an action, that I wouldn't--probably I wouldn't know how to cope with or would not want--which would be hurting me then.

CO: There's retaliation with it. Yeah. Yeah.

CL: And this is where I see the--the uh, contradiction between the verbal and the action--

CO: What's said, and what is not said but acted upon nevertheless, uh-huh, yes.

CL: It's interesting though because that's--I--I wasn't aware of that before, I am now--I do see Louis as a child.

Sector 14: Interview

CL: (Cont'd) ...some conversation and discussion, I say "Well, let's talk about a feeling." "I'd like an encounter" is the way I put it, you know, "I'd like to discuss this," and he says, "Oh, I don't want to get into this, I kinda feel that if we get in it too deep, that I have to defend myself." Well, I don't mean for him to be defending himself and I don't want to be defending myself in the relationship in any way, but I can't quite--I'm not satisfied with the relationship.

CO: Uh, have you ever had feelings to the effect that maybe he's weak in certain ways?

CL: (Pause) Hmmm--I don't--(Pause)

CO: Uh, like he isn't holding up his own as a man, in his own right?

CL: (Pause) That's possible (doubtfully)...*

*Sector 14: Counselor Recall

CO: *Now at this point* what I asked of course was in direct uh, almost opposition to what she had just said because she felt as if she wanted an encounter but if they should have such an encounter, as I understood it, she would have to defend herself. I was trying to help her question this, and clarify for me whether or not this defending might mean that having to take care of him would make her anxious, having to somehow support him would make her anxious or has made her anxious in the past. At any rate, her response at this point at least to my question "do you feel you have to support him, take care of him?", is that she--she can't work with it, either because it's untrue and she doesn't have feelings to this extent or that she would need to defend against such feelings. Her response in answering me at this point was one of what I felt was a sort of agitated withdrawal, in other words, that not only couldn't she work with it, but she didn't perhaps want to work with it--my question; that somehow to answer it would be too threatening.

*Sector 14: Client Recall

CL: I'm pushing back here. All I can feel is, uh, within myself. Now there are silences when I feel I'm moving on, but in this silence I don't feel that...

RE: All right. At this point, are you able to have any feelings about which he is feeling or thinking about you?

CL: No, but maybe this gives a clue to why I'm holding back here because he said "Do you feel--" let's see if I remember it. "Do you feel or have felt" (I'm not accurate here) but the idea is here that he is weak as a man and I'm talking to a man. If I explore this any further and reveal that I feel this about Louis uh, I don't want to hurt his feelings /the counselor's/ he being a man.

RE: Okay, your feeling at that moment is "I might hurt you."

CL: Yeah, "I don't want to hurt you so I have to be careful how I answer this." That's why I think the hesitancy or the silences not so much how do I really feel, but "How can I best answer this and not hurt you as a man?" And yet I don't know accurately how he feels 'cause I don't ask him.

Sector #5: Delayed Mutual Recall

CL: Do you have any idea why I would go--kinda into details again?

CO: (Reflecting) I was following you and I didn't follow my former statement. Uh, I think the last one I said was about tapping on the shoulder--getting the job well done that you were talking about.

CL: Yeah, I was saying that wherever I went, there was this feeling that something was wrong, this is what I was expecting. And you said the opposite--you said someone tapping you on the shoulder, doing a good job, and this is what I didn't want to hear.

CO: Oh, I think I see, in other words, I picked up one half of your statement and you were really implying and wanted to support the other hald?

CL: Uh-huh.

CO: That you weren't doing as good as you could or should.

CL: Yeah, where if you said someone was there to tell you specifically what you did good, what you said, I--I'm not ready for anything good right now... Doesn't make me feel good.

CO: Doesn't feel good now or then?

CL: Then, I mean then... I think I'd have a little trouble with that still. Yet I enjoy it more.

CO: Okay.

CL: (The client goes on to tell about a recent instance in which she felt she accomplished well.) ...And it really felt good and I enjoyed it and I did a good job and I haven't dared say that before.

Sector 15: Interview

CL: (Cont'd) ...right now I'm uncon--I mean--I'n not conscious of having that feeling, but maybe it's just that I've never really looked at it...*

*Sector 15: Counselor Recall

CO: (Stopping replay) She's trying to deal with it here. She made a slip there which would give me the--the opinion that perhaps my first hunch might hold something for her. She did correct herself and at this point at least is following on her initial reaction to the question to the effect that it--it's not true. She doesn't have to support him.

*Sector 15: Client Recall

(CL and RE remain silent as the tape is stopped by CO)

Sector #6: Delayed Mutual Recall

CL: I don't know, I just have the feeling that down underneath, it's so hard to get to another, that she's just crying out for a feeling of--of feeling good, you know, I guess this is all mental and these are all factual things she's talking about.

CO: That she wished would be real at the feeling level?

CL: Yeah! Yet she can't. I--I--I--

CO: You mean she can only handle them mentally, intellectually, but she can't handle them as feelings and attitudes.

CL: No, it's almost as if she's aching to--to feel good and she can't, she just has to keep it up here, talking about it.

CO: You did quite a bit of aching between then and recently, huh?

CL: Yeah (sigh). I don't know but somehow I uh, in uh, playing it back--I never felt this way at the time. Of course she seems like a different person now, I'm trying to get some of her feelings and what she--(trailing off)

Sector #7: Delayed Mutual Recall

CO: That maybe the good job is there, it's actual, but she can't accept it.

CL: Or feel it.

CO: She can't experience it as really being true; as part of yourself, it's something you do out there objectively.

CL: Sitting here watching it now as if I was a different person, not me but removed from me, it's almost like I can feel in the pit of my stomach maybe what she was feeling, kinda like being torn apart instead of taking all these good things in and feeling warm with it, it's just like agony, kind of, going on; and I'm almost feeling it. You know--oh gosh! Wondering what to do to help her. I could feel myself kind of--this feels good and warm but oh--just feel kind of--this feels good and warm but oh--just feel kind of pulled apart, I ache for her, really! (laugh) As well as--thought I can feel her aching.

CO: Well, she was.

CL: I don't think she was aware of it to this extent, except one ray was coming out, "I need help!"

CO: Yeah, I guess at certain levels but not completely, I think that's--well, you couldn't affort to be aware, really could you?

CL: I don't know, I was so alone. Hmm.

Sector 16: Interview

CL: (Cont'd) ...I have the feeling more he's heavy. He's weighing me down.

CO: Oh, a feeling of weighing you down?

CL: In the relationship. As though I have to pull him along. If we're with other couples it seems as though he's always waiting for me to say something or to start a conversation, then maybe he'll come in on it, but that's the way it is at home, too. It's like I have to initiate it or kind of like I'm pulling him along.

CO: Mm-hm. You sort of have to take care of him in a sense.

CL: Well, I hadn't quite felt it as taking care of him.*

*Sector 16: Counselor Recall

CO: It's interesting that since my last question she is now volunteering statements to the effect that she does have to sort of push him along and support him.

Sector 16: Client Recall

CL: Here I don't feel he's with me. "Oh this isn't what I mean at all!" You know you could see that in my face. "No, I don't mean taking care of him. I mean--!" So I feel I'm not getting across and I feel we're not together (fretfully).

Sector #8: Delayed Mutual Recall

CL: Do you feel you're pushing me in this?
CO: Mm-hm. Kind of crowding, you mean?
CL: Yeah, I want to know, which direction are you pushing, what are you after? Now I'm interested in where you are pushing.
CO: Well, I had the feeling as I recall now, somehow this husband wasn't a person, he was part of a group that you mentioned; and then I came back and said "Well, how do you feel about your husband?" Sort of singled him out here, you know, to see what the relationship is and how do you feel.
CL: Uh-huh, I was wondering if uh--'cause that was how I was feeling at the time. "Now, I know you've backed away from this, but let's come around from a different direction and let's look at this." And then I thought "Well, gee, would I have said the same thing at this point?" And I don't think I would have. This is from where I'm sitting now, uh, because I'm aching too much with her, probably, because I'm too close yet, with this husband relationship, and I'm aching with her in the confusion now so I can see that there's more yet in this relationship.
CO: Are you saying now in retrospect that if you were sitting in that (the counselor's) chair, you would proceed a little bit slower maybe?
CL: Well, now when you say this I think probably instead of "husband" I would have said "Louis" --now this is if I were the counselor and you were the person I was talking to... I think feeling this aching, she might have responded to me a little bit more if I'd said "Louis" now picking up his name, because then maybe it would have come up because I had placed him in the family. This is interesting. Yeah, now I have the feeling that maybe she would have responded--I don't know.
CO: Maybe we were both responding to your level and realizing it, I was picking up sort of a formal way that you were referring to him. Now this is just a guess and instead of using Louis I used "husband" instead of his name, uh, I don't know. ...So I may have been somewhat anxious there about him and--as you may have been, I don't know. It's hard to say.
CL: Right. Um--
CO: But I do know that when I came and made the second pass there, "Well how do you feel about your husband?" There I was picking up your anxiety, I knew that.
CL: And another thing, the way she keeps staying, she runs away but yet she will bounce back and uh--

Sector 17: Interview

CL: (Cont'd) I think of taking care like a child or something. I don't quite have that feeling. I think he's capable of taking care of himself but uh,--as far as the relationship with us is concerned--

CO: I gather you have some feelings that he's capable but somehow he doesn't come through, is that right?

CL: Well, he's capable of taking care of himself the way he wants, and there's a difference between us.

CO: Oh, what he wants for himself and what you want for--from him--

CL: For the relationship, is different.*

*Sector 17: Counselor Recall

CO: My last comment was "what you want from him," she wouldn't buy this, she instead corrected me and said "from the relationship." This goes back to a very general, gradually growing feeling I've had throughout the interview to this point that she needs to keep a close interaction with this man every day, in other words, to really intensely interact with him would be quite frightening. She wants it but at the same time, the other half of her ambivalence is that it would be very threatening. At this point too, I also felt that the direction of the conversation at this time was beginning to become very fruitful for her, that perhaps she hadn't explored her relationship with her husband prior to this time in quite these terms.

Sector 17: Client Recall

CL: I keep feeling "Come on get with me." (laugh" In this... I keep somehow uh, right here I just wished that you (counselor) were sensing how I was feeling better. (Rapidly and tensely) And of course then it went into (inaudible) inside, 'cause then I keep saying "the relationship" which means "I want to communicate with you, to get across I don't feel inadequate in expressing how I do feel but I wish you could get inside of me and know a little bit more of what I'm trying to say 'cause this isn't it."

RE: Uh-huh. You wish he could just somehow get inside and see it all and understand?

CL: So I realize and this is where I get into the thinking more than the feeling, I tend more to do that than to be honest with my feeling, so I'll explain it, (exasperatedly) and then I get into kinda like slowed down and try to communicate it again so that he understands, you know. I got a little impatient, I think--more with myself than with him but wishing that I didn't have to do this, wishing that he uh, (sighs) it'd be quicker or clearer. But then I'm not clear myself so it's the ambivalence... I want a lot more of the relationship at this point...closer understanding.

Sector #8: Delayed Mutual Recall (Cont'd)

CO: I've noticed with you that, uh, when we're in a touchy area that's difficult, you know, you experience some difficulty with it, you'll say so. But if you continue to pursue it, well now, I feel it's all right to pursue it with you.

CL: Yeah--now like when at this point, it's real trouble--some, when you brought this back, and I see how um--how she moved, I mean she's tried to answer and it was too much and yet she shifted around and came back again. And this seems to be the pattern I always follow because, as I recall other playbacks, that there may be a shift but there's still, I'll come back to it, there's a bounce still.

CO: Yeah, right.

CL: I like that in her though you know. (laughs).

CO: Mm-hm. Mm-hm, lots of possibilities there. (both laugh).

Sector #9: Delayed Mutual Recall

CL: I sound like a mother.

CO: Do you?

CL: Don't you think so?

CO: Yeah, I feel you're protective.

CL: Yeah, uh (mimicking herself) "He's a growing child, let's give him that room in which to grow," and--ugh!

Sector 18: Interview

CO: Uh-huh.

CL: Well, like Wednesday night we had a concert, we have season tickets and I was uh, I mean, I looked forward to this, I was eager to go.*

*Sector 18: Counselor Recall

CO: After I shifted in my seat, she immediately shifted herself. Uh, at this point, I don't know what that means. Viewing it from the screen here it looks like she shifted toward me. I can't recall if she did shift toward me or away. I noticed too, that she's becoming more spontaneous at this point. She has been more spontaneous gradually as the interview has gone on. When we first began the interview, she was quite restricted as compared to what she is now. Restricted in the sense of both what she says and, I feel, what she was feeling, allowing herself to feel.

*Sector 18: Client Recall

CL: Here I'm saying, "Now, now try to get me, (laugh) this is how I feel." So I go into this explanation on so he would get an understanding of how I feel about movement and life and growth here, and so I go into this hoping that the counselor will get this the way I feel because up till now I don't have this feeling with, with Louis, but then--also I may be defending some unrevealed feelings I have about Louis, this separation and so on, so both are happening. I want, I think the greatest effort here is I want you to know me, not Louis, not whether Louis is weak or whether Louis is something, I want you to know me. Get to know me, and help me.

RE: Do you have a feeling, "And like me?"

CL: (Surprised) Well, yes, I think this--well I feel that now, I'd want him to like me.

RE: Is there any feeling there of wanting him to like you?

CL: To understand how I feel, that I've got the problem, whether it's Louis' weakness or what, or whether Louis can or can't take care of himself.

RE: Pay attention to me and not to these other--

CL: Uh-huh. And yet I use them, because it's tender.

Sector #9: Delayed Mutual Recall (Cont'd)

CO: It's kind of like a plaything that he's dealing with and you're being helpful in going along with it.

CL: Yeah, and it's almost like--even though I said "It'll stretch us" I wasn't thinking of him in the us. I mean that's the way it sounded.

CO: Didn't this come up sometime later on--I said, "Well, what about you?" And you brought up the analogy of the bulb? You said you felt stepped on. I don't know if it was here or much later.

CL: Yeah, that's right.

CO: You felt there really wasn't much in it for you. Every time you popped your head up, why--bang!

CL: Yeah, well, I think--right now I seem to feel well, that's probably true, because first of all, I didn't recognize any needs I had, second that they would need to be met, and how they would be met, and all I was seeing were his needs as I would see a child's needs, and "do what we could" like--

CO: Protective and meeting his needs, making sure you don't go against his--

CL: Just like Ted needs glasses, and we'll have to stretch the budget to get them in, he needs his hobby, so we'll stretch the budget to get it in, to meet his need.

CO: And the emotional budget too. Not just the financial.

CL: (Taken aback) Hm! Oh, that's strong, isn't it?

CO: Yeah, it was pretty strong there (on videotape)--yeah.

Sector 19: Interview

CL: and I was excited about it. And Louis came home and oh, he wanted to read the paper and uh, I just had this feeling of: "Well, come on, let's talk about this, let's get moving!" And uh, it was just--he didn't want to talk about it, didn't think it was anything exciting, and he moved very slowly where I wanted to get there, you know, and had this uh, feeling--I don't know--for it; and then after it was over, uh, I felt the same way, there were so many little things I noticed about it, and I wanted to talk about it. All he kept saying was he's tired and hurry up let's get home so he could get to bed and--I don't know, just like he was heavy.

CO: Sort of dragging, almost like an anchor, in your relationship?

CL: Yes, I think this is really more what I feel. That uh, he's acting as an anchor. I don't want to leave him and go on, for then uh, this is to--or to be with someone else, and yet this is--is weighing me down.*

*Sector 19: Counselor Recall

CO: When she said at this point "I don't want to leave him," uh, it raised a question in my mind, did she mean leave him on these occasions, say when they are out at the concert together, or leave him in the marriage? The way she said it, the expression she used, made me wonder, has she had feelings to the extent that she at times would wish that she were not married to him? On these occasions, in a social context, I wondered why she felt she couldn't leave him.

Sector 19: Client Recall

CL: (During replay) All right now. Now we're together... Yeah, see now finally he's got an idea of what I meant. (Stopping replay) Now this is the first time that I have felt that I really could trust him, and I could say this about "I don't want to leave him, I don't want to go on with someone else." Because up until then, there was just a--a hint at this separation between us--the "physical." I couldn't face it then 'cause I didn't quite trust him... And then I guess I had the feeling when he talked about Louis as being weak or something that he's off in Louis and to get with me and so all of this about the concert and everything, now with me and so all of this about the concert and everything, now I've revealed--I've exposed me. Now stay with me... And now I have the feeling, well he is now. His response to this, "feeling like an anchor," was accurate. I hadn't felt that until then.

Sector #9: Delayed Mutual Recall (Cont'd)

CL: (Slowly) I didn't see that before.

CO: Mm-mm, mm-hm. It's kind of shocking to you?

CL: Yeah. It's kind of surprising. Right now I'm just thinking "My gosh, how he must feel if I'm like this all the time."

CO: Mm-hm, in a way it could be interpreted as, uh, uh, sort of thwarting--to him--by him, I mean.

CL: Would this mean what he feels threatened by--?

CO: I don't know, it possibly could but uh, perhaps in this connection where uh, if you would always respond to him as a mother to a child, uh every time he wants or needs or feels he can be a whole person or an adult male, if he has to deal with this type of reaction from you--I don't know, I don't know how far to generalize.

CL: (Doubtfully) I don't know, I mean this is just awakening here and I--

CO: In other words, are there times when you would treat him as a mother would a child when he would rather be treated as an adult male, responsible, capable of taking it and responding back and giving and sharing?

CL: Right now I have the feeling--interaction, I have the feeling this isn't here, and my question is how much of this have I kept by this very attitude--not knowing uh, squelched any opportunity where it could have been different. Maybe this is what I'm saying now that he's beginning to be more honest with me and I'm beginning to say, "Well he's out here, I'll take a look at him." Though I'm emotionally involved, I'll look at him--because I don't have to say how I feel to him, I can bring it here and talk about it.

CO: I guess you are doing both now, you're not only saying how you feel here but you're starting to say this to him.

CL: Well to a degree but I don't think I say as much as I say here, just a little venture out.

Sector 20: Interview

CL: I can feel it right now in my shoulders as though, ah, I just want to get on and I'm being held back. And yet I don't feel that I'm hampered in any way. I mean I work and I go and I do what I do, but it's more in the relationship.

CO: When you say "Leave him and go on," I'm not sure I understand.

CL: Well, like the concert, I would never think--and yet I'm thinking it right now, so maybe it's there--uh, of finding someone else to go with that I could talk with before hand and at intermission and talk with afterwards and uh, there would be more of a rapport.

CO: Someone that would be more interested and interesting?

CL: Yeah, and yet if we questioned Louis he would say that it was tremendous and he was just as interested--but it would have to come from my questioning, it would not come from him to lead and I think I probably, more again not realizing it, over the period of time have come to the point where I just don't feel like questioning as much. Maybe one to lead off, but if I have to kind of drag it out of him or pull it out of him I just don't (trailing off)

CO: Yeah, which raises questions I guess as to how he makes you feel as a woman in your own right, he as a man. Maybe that's pretty vague. Uh, how do you feel around him, do you feel female around him, would you like to feel more so? Have you ever had any feelings or questions within yourself about that?

(From this point the client begins to speak more slowly and with effort.)

CL: (Pausing) Possibly in--in relationship to my work. Um, quite a few years ago he uh, was encouraging on one hand and yet discouraging on the other, uh.*

*Sector 20: Counselor Recall

CO: Here, either wittingly or unwittingly she's avoiding the intent of my question. The question was, does her husband support her in her feelings about herself as being a woman, as being feminine, and I couldn't understand how it was that she took it to her work, that is her response to the question. Uh, the feelings I had to myself at the point in the in the interview was that I was getting quite a few feminine feelings from her, I was wondering if her husband ever recognized similar feelings within himself.

*Sector 20: Client Recall

CL: (During replay) Now I feel we are working. I'm not alone.

RE: He's getting my pulse...(pause) I'm lost here again. (Stopping replay) I got a feeling he's gone to Louis again...(Labored, depressed) I even feel this gesture, see I, oh I--just didn't get across (sigh). Almost as--all I've said, I mean I covered up my mouth, here I'm thinking again, "Now what'll I say to--to get with you?"

RE: To convince him to concentrate on you and your feelings?

CL: Yeah. I feel "Oh, could I have said something different?" I thought he understood and now, you're gone! And yet I go inside myself, "How could I have said this different?" And thinking the mechanics of thinking again, instead of how I feel...because this is something I feel now more so than when we started (said with intensity) is that being honest with my feelings is something I need to learn how to do! And so just what little feeling I extend, to me is a great big feeling, and "Stay with those little tender shoots or whatever they are and let's go on." I want to stay with them, and at the same time there's this ambivalence. But I feel here again I've got to get back now to an explanation or details. In fact I feel as though I'm alone working on this.

Sector 21: Interview

CL: (Cont'd) for my going on, engaged in my work from the standpoint of--as he said he had an image of a wife as a person who stayed home all the time and he would explain this as "Well, it isn't so much that you have to be doing your work in the home"--which I do anyhow and feel competent in being a homemaker, but he said "it's just the knowledge that while I'm teaching or while I'm out, that you are in the home, I don't care what you do, as long as you're _in_ the home." So then this came out as he felt this was an image that he had of a housewife in a cotton frock and at home, but it was an image within himself.

CO: The mother-homemaker type of feeling. How do you feel about that type of role?

CL: (Pausing) Mm, I think I would have pretty strong feelings against it. (Slowly, reflecting) I think I would feel uh, crippled, in a sense that I couldn't--couldn't move and _be_ if I were confined within. I think I relate this back to when uh, I had Janice and I stayed home for about a year-and-a-half with her.*

*Sector 21: Counselor Recall

CO: Again her very style of answering my question, how does she feel about the homemaker role, uh, she shakes her head from side to side and begins to--what I would anticipate to be--avoid really, giving her true feelings in response. At this point I'm waiting to see where she'll take it and what kind of--of affects she'll give.

*Sector 21: Client Recall

CL: Now here I'm not sure, I don't trust him, "Shall I really reveal my feelings or are you gonna leave me again?" And this now I think it is coming clearer, "How could he hurt me?" And that would be leaving. And now I realize my other counselor's going away--I trusted him, and then he was gone...And I think this is it because this is...

RE: Kinda, "You could hurt me by taking this, by understanding, and then going, leaving me."

CL: Uh-huh. "Now I've tried several times so far in exposing my feelings and you went to (Louis, you left me." ...Now this wasn't geographically) but now I can see it as geographic too; and here, here again I'm, "Shall I do it again, shall I risk it? Say how I do feel, or will you leave me again?" You see I'm just...very... (She trails off and starts the replay)

CL: (During replay) Yeah back myself, let's go. I'll try once more.

RE: You're doing very well.

CL: (Stopping replay) Hmmm?

RE: I said, you're doing very well, in here. You're able to relive this.

CL: Yeah, because I could feel this.

Sector 22: Interview

CL: (Cont'd) and it was *extremely* difficult. I was more or less confined, at least I felt, probably confined.

CO: You mentioned this period as being difficult--

CL: Yes--

CO: How's that?

CL: Well, uh, it would take me so long to do the things that now I do in such a short time. I mean the vacuuming and the dusting and the meal planning, the cleaning of the home, it would take me all day to do it and I would be exhausted from it. The vacuum cleaner would weigh tons whereas now it's a wonderful tool, and in no time I can get done what needs to be done and I enjoy it.

CO: What seemed to cause this type of feeling?

CL I think it was the fact that I wasn't moving *on* to anything. This was *all* I had to do. Taking care of the baby and the housework and this was it and I made it a very heavy task I think. I think this was within my own self--I *made* it this way.

(The client begins to go into details about certain difficulties she has had in the past with her children.)*

*Sector 22: Counselor Recall

CO: I have feelings at this point that perhaps uh, the role of mother and homemaker aren't really her style, so to speak. In other words, these kinds of tasks and roles are quite offensive to her.

Again I felt that at this point things were rather vague and her feelings were sort of floating around, that somehow these very painful experiences were sort of fogging over any clarity that might reside underneath as to how, uh, she felt about herself at these times and, uh, what kind of notions she may have had regarding herself, the marriage, or whatever. Apparently, this whole period, that is the very early years in her marriage...when the children started coming, were years that were quite tumultuous to her.

*Sector 21: Client Recall

CL: Now here I'm not sure, I don't trust him, "Shall I really reveal my feelings or are you gonna leave me again?" And this now I think it is coming clearer, "How could he hurt me?" And that would be leaving. And now I realize my other counselor's going away--I trusted him, and then he was gone...And I think this is it because this is...

RE: Kinda, "You could hurt me by taking this, by understanding, and then going, leaving me."

CL: Uh-huh. "Now I've tried several times so far in exposing my feelings and you went to (Louis, you left me." ...Now this wasn't geographically) but now I can see it as geographic too; and here, here again I'm, "Shall I do it again, shall I risk it? Say how I do feel, or will you leave me again?" You see I'm just...very... (She trails off and starts the replay)

CL: (During replay) Yeah back myself, let's go. I'll try once more.

RE: You're doing very well.

CL: (Stopping replay) Hmmm?

RE: I said, you're doing very well, in here. You're able to relive this.

CL: Yeah, because I could feel this.

*Sector 22: Client Recall

CL: (During replay) Now I feel more relaxed. This was something, uh, it's interesting, as I'm doing it, I'm doing it very slowly but this is revealing something I've never revealed before so I'm beginning to feel "I can trust you a little bit more, and stay with me!"

CL: (Stopping replay) Now here I am in details--"Okay."

RE: Is this the feeling again of "You've left me?"

CL: No it's that uh, "Let's go on, I don't want to keep going back, and I have the feeling you keep this back business."

RE: And then you run into detail. I don't want to go on--I want to go on, and then you do the antithesis of it. Huh?

CL: (Struck by the thought) I do the opposite you mean?

RE: Yeah! You get into the furthest possible position from going on. So I just get the feeling of uh, getting off the hook.

CL: Yet the very thing I want to do is go on.

RE: Mm-hm, can you recall what you feel just at the moment before you move into detail?

CL: I don't know really. It was almost like "I was reaching my hand out for you to take it and help me over the next stone as though we were crossing a brook or something... but the next step, instead you don't take my hand, and here I'm standing here and I'll go back now."

RE: But there's a disappointment?

CO: Well, "You didn't do what I wanted you to do or expected," and so it gets laborious, more so now. At first it seemed the details were fine, as though they would help us get together. But now they're getting weighty. I don't want to go into these details. But I feel I have to, because I want something more than what is now and if the details are going to do it--!

Sector 23: Interview

(The client continues to relate her earlier difficulties with her children.)

CL: ...I think there were times then of a feeling of guilt that I worked through. I'm not conscious of having any such feelings now. There may be times when I feel guilty of not uh, --and yet this isn't acc--accurate either--of the time with the kids, because I feel it is more important how I am when I am with them than how much time I'm with them and I try to keep that out of (trailing off)

CO: And, what type of feeling would this be? I think this is current, this feeling now with the kids.

CL: Well, it's not what I'm this conscious of, I was just relating it to guilt, that maybe there might be some there. Because I'm not at all satisfied with how I am as a mother of these youngsters. Um, especially in relation to their school work. Ted is an under-achiever...and I think well maybe, I could be different at home with him as far as his studies is concerned and all. And, yet in relationship to the school counselor, he says he thinks it's best not to.*

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*Sector 23: Counselor Recall

CO: The reference to her feelings of guilt at this point are unclear to me. She corrects herself in saying that it's somehow related to the quality of her relationship with the kids.

I had the growing feeling that her concept of her role as a mother is to her children is more in terms of how she can help them direct their lives in terms of accomplishments and achievements rather than in terms of dealing with them as individuals in their own right, as having feelings, and having certain needs from her and the whole family milieu. In other words that she's more task-centered with her children than--than need-centered; that the tasks she defines as important are really some of the needs she may have for herself. For instance, academic success, intellectual acumen , things like this. I have noticed up to this point that she places a good deal of emphasis on intellectual excellence.

*Sector 23: Client Recall

CL: (During replay) See the situation's different today, let's get to today.
RE: Today, uh-huh.
CL: I try to tell him I want to stay (laugh).
RE: Yeah, uh-huh.
CL: Uh, there's some guilt feelings there.
RE: Mm-hm.
CL: Now I didn't recognize that until right now. I say this but yet--
RE: You don't believe it?
CL: No, not fully. I feel inadequate somewhere, there's something in there...and I could feel it here, the tightening of these muscles in my face...and 'round my mouth, there's a tenseness. (Pause)
CL: (Stopping replay) I purposely did that.
RE: Why?
CL: I was afraid that he'd leave me and I was just holding him to stay now.
RE: Why would he have left you?
CL: I think he had gone to Ted and the kids, our underachiever kids... And I wanted to stay so I didn't give him a chance to say it.
RE: To say what?
CL: Whatever he was going to. But I had the feeling.
RE: That he was going to what?
CL: Go to kids or subjects or something other than how I felt... I'm afraid, it becomes more, clearer as we talk and as I see this, that I am afraid of--his leaving! Because this was deliberate... Now at the time I didn't think it was so deliberate. I was probably more conscious, "Well, don't get off into anything else, just stay with me a little longer," and so that's why I went on talking but uh, now looking at it I think, yeah...
RE: That as long as you can keep talking he'll keep paying attention, he won't leave you?
CL: Well, at this moment, uh, I was.
RE: Or that you can steer it back?
CL: No, I guess at this moment I had the feeling that I just--couldn't bring out again my feelings. I am doing it now, but I didn't feel that I could go over this again.

Sector 24: Interview

CL: (Cont'd) We have a certain time that's homework time... And, we spend that time, and yet when he brings home a report card with low grades, I feel there's something I should be doing to help him, either creating a desire for study or--and yet the subjects he likes he's doing well in.

CO: So you say there's a certain amount of selection. He does well in what he wants to and he's kind of goofing off in the areas he's not interested in?

CL: Well, that could be. I haven't looked at it that way. You see, I take it in and then I get confused and feel it is my inadequacy here...

CO: Uh, one thing I have noticed in the various things, instances...*

*Sector 24: Counselor Recall

CO: Her relationship with her children, and for that matter, with other significant people in her environment, seems to be vested in their interests. In other words, there is very little for her in the relationship in terms of her own personal satisfactions, satisfactions fulfilling her own needs. She seems to structure the relationship so that it'll fulfill somehow their needs in terms of demands of their environment. For example, getting homework done, things like that.

*Sector 24: Client Recall

CL: (During replay) Uh, I have the feeling there he's he's leaving me. It's Ted's selection 'cause I bit my lip and this is where I--I...I'm stroking my hair, I'm just sunk! It's over my--you've--it's over my head, I can't do any more. (Almost crying) Now we're in him, so let's look at him now. I'll go with you, I don't want to break this relationship. I'll go with you (Petulantly). You don't want to stay with me--I'll go with you. (Stopping replay).

RE: Is the feeling, that he's deliberately doing something?

CL: (Wearily) No, I think it's more within myself that "I'm not really getting across to you how I feel, but I want the relationship more than anything else, so I'll-I'll follow your leads, I'll go with you now."

RE: What about the relationsip do you like? I mean, already there's an investment in the relationship. Any feelings about why?

CL: Now this is something I'm feeling! Evidently I want this relationship very much; 'cause I can feel this now. (Pause) I guess, because I can feel it painfully, it's just uh, (sigh) it's choking me off... (Pause) (She sighs)

RE: You want him to relate to you. (Pause)

CL: You see this gesture. (Pause) Oh-h-h! Difficult. (Pause--she cries) Right now I guess this gesture of-- seeing this gesture, I guess I relate it to uh, over my head, like uh, it's too much for me to keep working to uh, (brokenly) to reveal my feelings when you're not getting them! (Crying) Uh, well I guess this, this seems to come clear now as an illustration. (Urgently) "This relationship with you as a counselor means life to me! It's important for life, for my life that uh (sobbing) you help me get this out. This is difficult now but I think it's getting closer. Right now I feel the water's about over my head and I'm drowning. Now I don't want to fact the fact I'm drowning, in this, and I want to stay with you because I believe in the counseling relationship to know that this will be life so now I will go with you in the kids and their selection of subject or whatever we're talking about, I have the feeling of it now that I'll stay with you so that I will not die! But you are my life! In counseling--I mean it's the counseling that I feel is life. I want to be me and the only chance in which I can be me is in their relationship, in counseling."

RE: (Gently) Okay, I get it. "So I'll take disappointments and I'll take detours but the most important thing is that I maintain this potential..."

CL: Can we back up? Before that gesture because that gesture--

(RE calls the control room and has the tape rewound)

CL: This is one of the--speaking from the counseling standpoint, I think this video is tremendous, 'cause then I passed right through that...but seeing it again I could feel the knot in my stomach, and the defeat, and so I could get into it further.

Sector 25: Interview

(Replay of Sectors 23-24 for client recall)

CL: (Con't) I'm not conscious of having any such feelings now. There may be times when I feel guilty of not um--and yet this isn't.acc--accurate either, of the time with the kids because I feel it is more important how I am when I am with them than how much time I'm with them and I try to keep that out of (trailing off)

CO: And, what type of feeling would this be? I think this is current, this feeling with the kids.

CL: Well, it's not what I'm this conscious of, I was just relating it to guilt, that maybe there might be some there... because I'm not at all satisfied with how I am as a mother of these children. Um, especially in relation to their school work. Ted is an under-achiever...and I think well, maybe, I could be different at home with him as far as his studies is concerned and all. And yet in relationship to the school counselor, he says he thinks it's best not to. We have a certain time that's homework time... And, we spend that time, and yet when he brings home a report card with low grades, I feel there's something I should be doing to help him, either creating a desire for study or--and yet the subjects he likes he's doing well in.

CO: So you say there's a certain amount of selection. He does well in what he wants to and he's kind of goofing off in the areas he's not interested in?

CL: Well, that could be. I haven't looked at it that way. You see, I take it in and then I get confused and feel it is my inadequacy here.*

*Sector 25: Counselor Recall

CO: She seems to have feelings of inadequacy whenever, uh, her child in this case, the boy, meets failure. In other words, she personalizes this failure and accepts it as really being hers, uh, assuming the burden of not meeting expectations. This is a similar sort of feeling she had earlier when she said that even though she was made aware on her job that she was doing well, still within herself she had feelings that somehow she wasn't doing as well as she should or could. Guilt feelings similar to these have been cropping up throughout the interview. They seem to be quite focalized here with the boy, giving me the feeling of course that there's a great deal between she and her son that really hasn't come out yet.

*Sector 25: Client Recall

CL: Now back before when I bit my lip and I said I didn't want to interrupt, I felt this was coming and then when he did, I bit my lip again and then I thought "Oh! That's it! I've lost it. But I'll go with you." And then I--I stay in and then this gesture is just, it was a--(deep breath). But you know really, listening to it, I--I really don't give him much! I give very *little* of my feelings and yet it's so important that he stay with them or at least that I experience him. And yet I don't give him much to--

RE: To go on--

CL: The intensity is tremendous in me though, or the importance is. So I was trying--as I was seeing it now, what is he feeling? And *really* I don't give him very much! I give him all these details and these other people!

RE: Yeah, yeah! But you want him to do something--to be with you.

CL: Oh! I keep saying "*Me*! Stay with *me*!" I mean this gesture, I keep doing *this*, now listen this is *me* speaking now, it's a little bit (laugh), 'cause I give such little--

RE: Can you describe any further the "being with me?" What is it you're trying to get from him, this thing you're striving for?

CL: Well, I guess the "with" means clarity, means leading, leadership, there's something I'm not getting but we'll see, or something that will help me on, guiding me into something I'm seeking, or--which of course is--buried within me!

RE: Lead me.

CL: I can see it both ways, leading me, also help me dig deeper, so it's both. Yet really I don't give him much to--

RE: No

CL: When I get out of myself into really look at it though I think he's doing very well with what I give him, but--

RE: In the feeling sense is there a psychological "close," is there also a feeling of a physical close? Is there a desire to absorb completely or be absorbed? I know I'm asking you to do something difficult, I'm asking you to push the feeling as far as you can, to identify it.

CL: I don't know--when you say this, then I--then I feel myself coming to a halt. Now this halting may be "Yes I want to but I'm afraid." Or it may be "No, I don't!"

RE: Either one, yeah. Maybe as we go on you'll get some further clues as to--

CL: I don't know, but it's interesting.

Sector 26: Interview

CO: Uh, one thing I have noticed in the various things, instances you've pointed out and described your feelings is that I see you dealing with the feelings of--what you would anticipate to be the feelings of others, your husband, uh, those who employ you, you work for, things like this, but I get a feeling that somehow you as a person you feeling about what you feel, thinking about what you feel, you're not there.

CL: (Almost inaudibly) Well, that could be.

CO: It's almost like you're standing--

CL: (Interrupting) Burying them?

CO: Uh, perhaps that's it. It's kinda like you're standing off and looking in, but you're more concerned about what's going on out there in these other people than what they would say about you. Does this match anything that you've mulled over?

CL: Mmmm.

CO: It's kind of like nothing's in it for you as a person. Now I know this is a gross overexaggeration, but it's a feeling you've given me when you've described these things.

CL: (Pausing to reflect) This is interesting because maybe this--when you say this now, I can remember something that uh,--oh this is years ago--when someone asked me if I could describe exactly how I felt about me, and I never remembered much about it since then, till right now and it comes through pretty clear and maybe this is something. Um, and I said at the time I felt like a little bulb that you plant in the ground, a tulip bulb or any--a little bulb, and I'm there and I keep sending up little shoots because I want to come up in the sun and be whatever flower I'm gonna be and, uh, there's always either a foot there or a spade or something in which it goes back down (with increasing difficulty) and it's never been able to uh get up and be the--the flower. Now maybe--why this comes right now, I don't know, but it's in response to something you've picked up evidently.

CO: Mm-hm, mm-hmm!

CL: Now whether I feel like that now or not, I'd have to check.*

*Sector 26: Counselor Recall

CO: Somehow my question here has sunk deep into the feelings in the past for Kitty. She's bringing up an analogy here that's almost like a growing fantasy that she's had over the years, picturing herself as a tulip bulb. She doesn't quite trust the analogy of seeing herself as a tulip bulb. She has to check. In other words, I interpreted this to mean that she wasn't quite certain as if--as to whether to allow herself the full feeling behind, the full affect behind this tulip bulb analogy of herself that she's drawn up. It's interesting the way she brought up this analogy.

*Sector 26: Client Recall

CL: (During replay) Uh, he's good! I mean this--this pleased me, but I'm not sure I can trust it now, 'cause I've had several other times when I've felt this way and I--and I went on further and you left me and I'm not sure I can, this is good, there's a mixture of feelings here. Yeah, come on, shall I--try it?

RE: You're thinking it over.

CL: Yeah, I want him--I--I'm not quite sure I can--I want to so desperately.

RE: Frightened to.

CL: (Pause) I go back. All right, now I'm in it. I lean towards him and I'm going to!...I can feel it in the shift in my body and my hands, and I'm really getting it. I'm all alone here now.

RE: Yes.

CL: I'm frightened but at--at all costs I'm going to! (Amused) Yeah, you see I'm not checking me. (Stopping replay) "I have to check." I have exposed it which is the greatest price right now, feelingwise, it's the deepest and I hope to goodness it goes, but I'll have to check, 'cause if the relationship means this much, I'm gonna try again.

RE: You hope it goes?

CL: "And stay with me and--."

RE: Stay with you.

CL: Mm-hm. "Cause it's important enough that I--I'll do it.

Sector 27: Interview

(There is a great deal of "choppingness" in the client's tone and pace, a rapid burst of words trailing off uncompleted, a half-laugh changing to a heavy sign.)

CL: (Cont'd) --I'd have to think about it.

CO: I think it's interesting that you just had this association in response to just what I said.

CL: 'Cause this was probably about 10-15 years ago and I haven't thought much about--well, I haven't! Really, since. (Pause) I can remember at the time feeling that this was the most honest I've been in my whole life. You know. In this--(Pause) (illustration) is the only thing (inaudible) I'm aware I've got uh physical reactions to this. I--I feel like I want to run, I want to cry, and (signs).

CO: Yeah, and now what might that be over, can you help me there? Just feel kind of filled up inside? (Long silence--client wipes away tears) That's all right.

CL: It's as if I said something I shouldn't have said. And this is...(long pause) Well, the--the,uh,physical reaction and the tears are evidence that there's more to it.

CO: Mm-hmmm. (Pause) Can you let me know what's going on inside? What those tears are about?*

*Sector 27: Counselor Recall

CO: (Stopping replay) I think there was a lot going on inside Kitty at this time. I think she was choked with tears, she was fighting rather hard for control, for the most part keeping herself under control, uh, but in so doing she is shutting out any--any further associations that she might have to this analogy that she drew of herself. Apparently it's been one long-standing and a growing one, one that's been re-occurring to her from time to time even though she said that she had not had it or not thought about it in a number of years. I think she said later on ten years. I'd be suggesting at this time that actually similar feelings of this type have occurred to her many times, that this is a constant feeling that she's aware of. However, I think as to its reference she's very unaware that it's quite disturbing to her and in its observance is unable to attach it to anything that makes sense as to why she should have it and to what it means. She did take me by surprise here in tears that came out. I hadn't expected it from her. Uh, I had very few cues from her looking back now that she gave me an indication that she was about to cry.

The videotape interview continued beyond this point... Another thing that occurred after the taping had ended was that she cried a second time...these were tears of relief and, uh, tears almost out of gratification that she'd been able to talk to someone. She continued in this vein saying that,uh, she was very happy that she could deal with someone who understood, feelings to this sort.

*Sector 27: Client Recall

CL: (During replay) I'm delighted though that he's there and he's listening. And yet I'm afraid.

RE: Of what?

CL: That he'd leave.

RE: The leaving.

CL: Yeah. I'm not sure I want to, but--then here's where I stay. (Pause) Because I feel *I* will drive him away.

RE: Oh?

CL: In saying what I said.

RE: This is a new feeling?

CL: Yeah, right now.

RE: *You* will drive him away. By what?

CL: What I have said.

RE: That it'll be too frightening to him? Why will it drive him away?

CL: (Pause) Um--distasteful.

RE: That *you* are distasteful?

CL: Uh--this example I used.

Sector 28: Interview

CL: Well, the feeling that I could express was that I--I've said something I shouldn't have said.

CO: Well then, those tears are for you?

CL: (Long pause) You mean like I'm feeling sorry for myself? (In a voice muffled with tears)

CO: No, I got the feeling when you described the bulb and the foot coming down, like someone putting a tombstone over your head.

CL: (Pause) Like putting--? I didn't hear you. I know there's a lot going on here.

CO: When you gave this picture of a bulb trying to grow and each time a shoot was sent up, it was stepped on.

CL: Either that or--you know, some reason why it couldn't--

CO: The feeling I got was like someone planting a tombstone on your head, almost like death.

(Long pause as client apparently struggles to maintain control.)

CL: There's an awful lot here I--(voice breaks) I'm trying to think but it's like--(long pause)

CO: It's hard.

(A long pause while the client withdraws, in tears)

CO: I guess I don't quite understand why you feel, why you need to hold back.

(End of videotape)

*Sector 28: Counselor Recall

CO: We continued to talk/after the tape ran out/ about, uh, her reasons for coming in, that it appeared to be somewhat vague yet, that it would take time to unravel what her need to come in really means...

Sort of summarizing my feelings about the interview, I felt it went well. I feel she revealed a great deal of herself. She still is quite muddy with her anger. She's also quite inhibited and not too free in terms of venturing out, finding some meaning in her relationships for herself as a person. In other words, at those points where she is inhibited and staid that they become for her quite gross at times, to the point where she really can't enjoy herself in the experiences she had. I also have the feeling that she has a great deal of potential, not only does she seem quite bright but she also seems quite promising in terms of being able to profit from counseling. She seems to be able to go down within herself and look at what she's feeling at the moment, what she's felt in the past and she's very dogged about persevering at this level until she comes up with something that does make sense. In my way of thinking this makes for rewarding counseling. I was also able to look within myself toward the end of the hour and come up with a very clear feeling that this is someone I would like to work with.

(End of audiotape)

*Sector 28: Client Recall

CL: Something about, I shouldn't have said this, this is real tender--this feeling that's closest to being honest that I've ever been, that he won't like it or something and leave. The fear is so great it just, I can remember going through that, I--I sat here and just go so warm and stifled you know as though I was choking myself and, and, uh, extreme punishment! As though I just--this was the worse thing I'd ever done. As though I'd said something I shouldn't have said.

RE: You revealed too much. But did you reveal everything, or were you getting close to--

CL: Close to something. I don't know what!

RE: You were feeling close to something and he'll...

CL: Uh-huh. I'm afraid of being rejected.

RE: Yeah in the feeling area, is the rejection, he'll get up and walk out, or he'll shout at you or--?

CL: No, he'll get up and walk out.

RE: He'll get up and walk out.

CL: Mm-hm. Either that or say he can't see me again. Or that this will be the end. And this is too tender. I can't be left alone with this. (Sound of the TV fades)

RE: Tape's run out.

(End of tape)

APPENDIX O

Nonverbal Behavior and the Communication of Affect: Related Literature

Selected Literature on Nonverbal Behavior

Nonverbal communication seems in the past to have been regarded more as an interesting phenomenon than as a mode of interaction suitable for analysis. In the general theory of communication it has generally been regarded as a "poor brother" and only recently has received the attention due such an important component of human interaction. This attention has thus far, however, been on the strictly theoretical level, and the relationship of nonverbal behavior to other behavioral elements in the communication process has not been widely explored. One exception to this trend has been the work of Ruesch and Kees (1956) in the theory of communicative behavior. They assigned the kind of nonverbal behavior with which the IPR project is concerned to the category of "action language" (in contrast to sign or object language) because of the ways in which actions convey nonverbally that which is less easily conveyed verbally that which is less easily conveyed verbally. The theory developed by Ruesch and Kees provided the first workable conceptual framework for nonverbal behavior, a significant theoretical contribution as well as a practical tool in the analysis of nonverbal behavior. Several other researchers have defined and worked with theories of nonverbal communication, (Knapp, 1963; Ekman, 1957).

In another article Ruesch (1955) applies these theories of nonverbal communication to psychotherapeutic methods. He points out that not only does the patient use nonverbal behavior in augmenting his verbal communication, but the nonverbal communication provides a meaningful basis for interaction with the client when the formal structure imposed by verbal communication should be avoided.

In a report of research on nonverbal behavior, Ekman (1957) reviews the theoretical approach upon which his research was based. Nonverbal behavior is defined as "the body movements of the organism,"also consisting of motor expressions though they may originate in various parts of the body. Two types of information result from nonverbal behavior: specific direct meaning, and information about other concurrent behavioral variables. Ekman's research concentrated upon observable behavior assumed to carry meaning, and used as basic data body position and movements.

The recent volume edited by Knapp (1963) contains several papers of relevance to the theory of nonverbal behavior. Dittman, (1963) in discussing his research, offers several basic hypotheses regarding ultimate objective was to devise a way "to be able to 'read,' through some channel of communication other than words, how a subject feels at a given time." Dittman goes on to comment that he is convinced that (1) "nonverbal messages are often different from verbal ones and .....congruencies and discrepancies between the two can give clues about what is happening in interviews," and (2) nonverbal information "can give clues faster than words can," since "people often react sooner than they are willing or able to say." His research hypotheses were purposely general, "because the underlying theory does not lead to deducing hypotheses in a very rigorous way." He goes on to explain: "Some modes of expression are controlled very easily, that is, can be made to express what one consciously wants to express. . . . True, over a period of time such control is not complete; witness the various preoccupations people have, and the parapraxes they produce. . . . there are probably other modes of expression which cannot be controlled so easily and through these channels messages other than what one 'intends' are transmitted." (Knapp 1963, 140-141). Within this framework regarding the origins of nonverbal behavior, Dittman constructed his research in the meaning of nonverbal behaviors.

Psychiatrists, from their work with clients in situations of stress, have offered some comment on meanings of nonverbal behavior, although for the most part their contributions have been either highly theoretical or anecdotal in nature. In the generally theoretical area of nonverbal behavior and clinical inference, both Ruesch (1954) and Barbara (1956) have emphasized the importance of attention to the nonverbal communication process in psychotherapy. Interpretation of gestures in the therapy session has been discussed anecdotally by Ruesch and Prestwood (1949), Deutsch (1952). and Needles (1959) with varying emphases. Bateson (1956) in a discussion of the origins of some mental illnesses, points out the frequent conflict in our society between spoken communication and the communication conveyed nonverbally. Feldman (1959) a psychiatrist, organized a comprehensive listing of speechs and bodily mannerisms and their "true meaning."

Most of the research in nonverbal behavior uses the interview as a context in which to focus on behavior. Sainsbury (1955), for example, observed the autistic gestures accompanying certain emotional states in psychiatric interviews and concluded that nonverbal behavior increases with stress or emotional involvement in interviews. Dittman (knapp, 1963) counted body movements (in this instance foot movement) and related movement to speech disturbance; in this case the hypothesis that body movement and speech disturbance would occur concurrently was not confirmed. In a second experiment, he studied the association between body area and 'mood' as reported by the patient and confirmed by his tone of voice; these two behaviors were found to be significantly related, although 'the best combination of body area and mood made up only about a quarter of the total movement information . . . .' More recently, Dittman has been exploring the possibility of judgment of facial expression from interviews.

Mahl, Danet and Norton (1959) used interview behavior as a means for assessing the emotional state of patients interview as it took place, noting gestural and postural behavior in particular as well as impressions of the patient's psychopathology and general traits;'after studying the behavioral information he had gathered the observed made 'whatever predictions he felt he could make about each patient's diagnosis, leading conflicts, and/or character structure.' Generally the observer's predictions were remarkably accurate. The authors concluded that study of nonverbal behavior such as this is a 'very fruitful area for the student of personality and . . . .is amenable to research.' Subsequent analysis of individual patients demonstrated further the relationship of personality characteristics and gestural-postural behavior.

Another study of interview behavior by Nielson (1963) used the 'stimulated recall' method for interpreting behavior. Subjects were 'confronted' with a playback of their behavior in a stressful interview filmed seven to ten days earlier. The participants, in addition to exhibiting marked reactions of shock and dismay upon seeing themselves, volunteered insights into the meaning of their behavior in the filmed interview. One of Nielson's comments on the methodology of his study was that the videotape recorder (such as that used in IPR later) could possibly be used for even more meaningful experimentation because of its immediate playback possibilities. He commented in conclusion upon the potential of this process in studying man's reaction to himself as well as studying the relationships between people as seen through the objective camera lens.

Gesture has been defined by Hayes (1963) as 'any bodily movement expecting that of vocalization made consciously to communicate either with one's self or with another.' This definition is the basis for the IPR study of gestures; it should be noted that the definition includes postural movements, and that it assumes that gestures, though often unconscious, are made for communicative purposes in all instances. Hayes' definition continues with a classification of gestures including:

1. Folk gesture, such as head-nodding, shaking hands, pouting, and winking; these gestures have conscious meaning relative to social activities within cultures;

2. Technical gestures, such as umpires' signs and the sign languages of the deaf-mute or the American Indian; and

3. Autistic, self directed, or nervous gestures, such as doodling, swinging a watch chain, twisting the hands, or shifting position.

The IPR study of nonverbal behavior concentrated upon autistic gestures, with some attention to folk gesture as well. Gesture has been studied in a great variety of contexts. Bacon (1875), for example, discussed at great length the appropriate gestural patterns for use by elocutionists. In another area, Critchley (1939), defining gesture only as 'the movements accompanying speech serving the purpose of emphasis,' was concerned primarily with sign language in various cultures, and LaBarre (1947) pointed out the cultural-bounded of many gestures regarded in our culture as instinctive or 'natural.' Davitz and Davitz (1961) emphasized the importance of the counselor's nonverbal behavior in establishing the effective client-counselor relationship.

In a recent study, supported by NDEA Title VII, the classroom was used as the context for studying nonverbal behavior. Maccoby and others used sound film recordings to study the nonverbal behavior of students in classroom situations and to improve teachers' judgments of students' comprehension. This study first established that while nonverbal cues do not contribute to accuracy of judgment above chance expectancy, verbal cues do contribute significantly. The study next used training with film clips to attempt to improve judgment accuracy; as a result, accuracy was increased seven percent. Maccoby concluded: 'There is significant evidence that accuracy in judging student comprehension on the basis of nonverbal cues can be improved. Further, there is no evidence that teachers judge their own students more accurately than they judge others' students, supporting the assumption that visual cues of comprehension are common across students.' (1965, p. 74).

Another approach to the analysis of nonverbal interview behavior is that of Birdwhistell (1959, 1963). In viewing body motion as a socially patterned system of behavior having communicational potential, he developed a system for categorizing body motions. He assumed that although basic motions are unique to the individual, those of many people can be combined into groups of similar motions having the same message, in parallel with the linguistic system of combining individual phonetic sounds into more general phoneme classes and higher classes of morphemes with definite communicational content. Birdwhistell was not concerned with determining the 'meaning' of specific body motion, but rather emphasized the need for an accurate microscopic system of codifying behavior for purposes of clinical, anthropological, or other studies of man.

From the many studies of the interview situation, several schemata and interpretations of non-verbal behavior have been derived. In the course of his study of verbal[redacted] nonverbal congruence, Ekman (1964) developed an outline of the relationship between verbal and nonverbal behavior which, in effect, summarized the function of nonverbal behavior in communication. Nonverbal behavior, in Ekman's schema, serves five potential functions:

1. Emphasizing or accenting the content of a verbal message.
2. Amplifying part of the content of a verbal message.
3. Explaining a verbal silence.
4. Providing information related to the content of the verbal message.
5. Adding new information not in the content of the verbal message by:

    a. substituting for verbalization,
    b. contradicting the verbal message, or
    c. providing a context to aid in the interpretation of the verbal message.

These functions of nonverbal behavior, in relationship to or contrasting with the verbal message, provide additional interpretation of the individual's dynamics.

In an earlier attempt to schematize body movement and postural adjustment, Bronfenbrenner and Newcomb (1948) devised a framework within which such behavior might be studied as a vehicle of emotional and dispositional expression. The five formal dimensions of bodily movement in clinical situations were defined as:

1. Quality of motion--relaxed, jerky, abortive, controlled, or immobilized.

2. Front of body contour--closed or open

3. Locus of activity--peripheral, medial, central, or integrated

4. Direction or planes of movement--vertical, transverse, or lateral

5. Body area of activity--head, face, mouth, eyes, hands, trunk area, shoulder and back, and legs.

A number of studies have centered on the ability to judge emotions correctly. Because of their basis in the emotions, gutistic gestures play a more important role in these studies. Kenner's study of the ability to assign the correct emotions to posed pictures (1931) was one of the forerunners of current studies of emotion recognition, and Guilford (1929) conducted an experiment in learning to judge emotional expression. A comprehensive review of literature on facial expression and judgment of emotional expression was made by Jenness (1932).

Judging of expression was expanded in some cases to judgment from bodily posture and movement. Estes (1938) conducted an experiment on the validity of first-impression judgments based on nonverbal behavior on film. More recently, Ekman (1964) studied in a systematic manner the relationship between nonverbal and verbal expression as judged by an observer. Most of the experiments and graphs of behavior, tend to be somewhat restricted both by the unnaturalness of static pictures and the ungeneralizability of findings.

Harrison (1964), restricting his non-verbal investigations to the face, developed a notation system or "pictics" for facial expressions. Selecting adjectives from five areas (demographic information, strength or capacity, mood, interpersonal relationships, and interpersonal information handling abilities) Harrison asked subjects to indicate the appropriateness of each adjective for each of a series of facial expressions. In a related approach, Osgood (1966A) had student actors pose certain facial expressions while student judges were asked to "name" the facial expression or the emotional state portrayed using the same list of adjectives. A factor analysis of the resulting adjective selections yielded evidence for three major dimensions: Pleasantness, Activation, and Control. In a second study Hastorf, Osgood & Ono (1961) used still photographs of one actor portraying several poses as a non-verbal stimulus.

Here, the subjects were asked to judge the 'feeling' of each photo on each of 12 semantic differential (adjective opposite) scales. Again, the three factors, pleasantness, activation, and control resulted from the factor analysis. Together, the three factors accounted for some 95% of the variation. The reliability of judgments, contrary to Osgood's first study, were respectably high.

It is evident that the great majority of the relevant work in nonverbal communication has emphasized either the theoretical aspects of communication or a descriptive analysis of behavior. In neither case has the basic content of nonverbal behavior been systematically related to the actual feelings, thoughts, or other inner processes deriving from the situation in which behavior occurs. The IPR study of nonverbal behavior attempted an analysis that would take into account these variables, with emphasis upon defining those elements of the interaction which determine or motivate nonverbal behavior.

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APPENDIX P

Comparisons of Judges' Ratings Across Conditions for Two Actors

Accuracy of judgments of affect level for two actors

Audio-Visual Condition	Order of Presentation: Sequential	Random
A - V	$\overline{X} = 2.067$	$\overline{X} = 1.759$
V	$\overline{X} = 1.406$	$\overline{X} = 1.706$

Source of Variance	df	Mean Squares	F	p
AV - V	1	9.16	9.85	.01
Sequence - Random	1	.04	.04	ns
Interaction	1	5.93	6.38	.05
Within	254	.93		
Total	257			

$\overline{X}$ = average number of scenes judged correctly by each group of subjects across two actors. Possible range if from 0 to 4.

Accuracy of judgments of statement type for two actors

Audio-Visual Condition	Order of Presentation: Sequence	Random
A - V	$\overline{X} = 2.067$	$\overline{X} = 1.759$
V	$\overline{X} = 1.406$	$\overline{X} = 1.706$

Source of Variance	df	Mean Squares	F	p
AV - V	1	11.59	9.99	.01
Sequence - Random	1	1.13	.97	ns
Interaction	1	.23	.20	ns
Within	254	1.16		
Total	257			

$\overline{X}$ = average number of scenes judged correctly by each group of subjects across two actors. Possible range is from 0 to 4.

Difficulty perceived in making judgments for two actors

Audio-Visual Condition	Order of Presentation: Sequence	Order of Presentation: Random
A - V	$\bar{X}$ = 12.27	$\bar{X}$ = 12.53
V	$\bar{X}$ = 15.92	$\bar{X}$ = 13.33

Source of Variance	df	Mean Squares	F	p
AV - V	1	339.9	24.45	.01
Sequence - Random	1	70.4	5.06	.025
Interaction	1	136.7	9.83	.01
Within	254	13.9		
Total	257			

$\bar{X}$ = average difficulty level for the four scenes, rated on a seven point scale. Possible range is from 4 to 28.

APPENDIX Q

IPR LEARNING STRATEGIES QUESTIONNAIRE -- FORM 7

and

IPR LEARNING STRATEGIES RATING SCALE

IPR LEARNING STRATEGIES QUESTIONNAIRE--FORM 7

Please put the following information on your answer sheet: (1) Your name and student number, (2) Your high school grade point average, and (3) List near your name the two academic areas to which you feel most competent.

This questionnaire asks you to describe the way you study and learn. There are many different ways to study and learn, any of which may be effective for a particular individual. Since this is the case, there are no "right" or "wrong" answers to these questions.

Please indicate, in general, how accurately each statement describes you by marking your answer sheet according to this key:

---

1. This describes me very well.
2. This describes me moderately well.
3. This does not describe me very well.
4. This is not true of me at all.
5. I am very inconsistent in this situation.

---

1. When I am penalized in an essay exam it is because I gave too general an answer without including enough facts and details.

2. When I am penalized in essay exams it is because I gave enough details but didn't tie them together with enough general principles.

3. When I am taking notes in class lectures, I put them in outline form.

4. When I am reading something that has in it many specifics (details, facts) that must be learned, I do it by copying down the specifics and memorizing them.

5. When I am taking notes in class lectures, I write down the content of the lecture in my own words.

6. When I write a paper, I start by having a good idea in my mind about what I am going to do, and then I write as the ideas develop.

---

1. This describes me very well.
2. This describes me moderately well.
3. This does not describe me very well.
4. This is not true of me at all.
5. I am very inconsistent in this situation.

---

7. When lecture material is too difficult for me to understand, I primarily try to get the facts and examples being presented.
8. When lecture material is too difficult for me to understand, I primarily try to get the principles being presented.
9. In classes where I have to remember details (formulas, dates, etc.), I learn best by memorizing the required detail information.
10. When studying for an essay test, I concentrate on learning details--facts, examples, etc.
11. When text material is too difficult for me to understand, I work at the difficult part until I can get it and then continue.
12. In reading an assignment, I skim the material to be covered.
13. When taking notes in class lectures, I take things down in order as they are given, without outlining.
14. If what I read has many specifics (details, facts) that must be learned, I memorize them alone rather than learning them within the context of the whole presentation.
15. When taking notes in class lectures, I use the teacher's own words and phrases as a record of the lecture.
16. I use different notetaking styles (or systems) in different courses.
17. In first reading an assignment, I go through it thoroughly, reading every paragraph.
18. I study the same way, no matter what the type of test.
19. An important part of my studying is analyzing and reflecting upon the material in my courses.
20. I try to memorize everything I feel I will be tested on.

1. This describes me very well.
2. This describes me moderately well.
3. This does not describe me very well.
4. This is not true of me at all.
5. I am very inconsistent in this situation.

21. I try to find, on my own, the general idea of what is being presented.

22. I use my underlinings as a way to identify the specific facts which I feel are important.

23. I write out material that I feel I need to know for a test.

24. In studying for exams I incorporate my lecture notes and text materials together (instead of studying them separately).

25. I adjust my reading rate for different types of material.

26. I find it difficult to extract the general principles of material no matter what the academic area.

27. I mentally argue with the lecturer while listening to his presentation.

28. I take a devil-may-care attitude toward my studies.

29. I generally score higher on objective tests than essay tests.

30. In preparing for a test I organize material into broad areas of emphasis.

31. I memorize general points as well as specific facts.

32. After watching a classroom film, I am able to say to myself what the central theme of the film was.

33. I take very complete notes during class lectures.

- -

Go on to next page

For this next group of questions, please indicate to what extent you like to study or learn in the way described.

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1. I far prefer learning this way.
2. I generally like to learn this way.
3. I don't like learning this way.
4. I very much dislike learning this way.

---

34. Memorizing as much as possible.

35. Studying something that is challenging (although quite difficult).

36. Getting the principles and generalizations on my own rather than being told what they are.

37. Studying which requires learning such things as formulas, names, dates, etc.

38. Studying general concepts or ideas.

39. Being given all the facts first and then working from these to the general concept.

40. Being given the general concept first and then working the facts into this general concept.

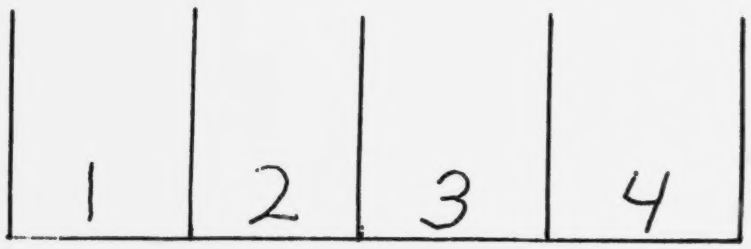
Go on to next page

41. DIRECTIONS: One theory of the way people learn suggests a continuum like the one represented below. At the ends of the continuum are people who "scan" (on the left) and people who "focus" (on the right).

Read carefully the descriptions of people who "scan" and people who "focus" and determine where you belong on the continuum. Of course most people both "scan" and "focus", depending on the situation they are in. However, it _is_ usually possible for a student to describe his _typical_ way of doing things.

Please indicate where you feel you belong on the continuum by marking the appropriate number of your answer sheet.

A PERSON WHO SCANS---
reads for general points and uses details only rarely to add information as needed; in listening to a lecture, concentrates on the speaker's purpose and main points; takes notes in outline form emphasizing topics; makes a conscious effort to understand the "broad picture".



A PERSON WHO FOCUSES---
in reading looks for important details from which to get the general points; in listening to a lecture concentrates on learning most of everything being said; takes notes in order to remember details; makes a conscious effort to learn facts and their meaning.

IPR LEARNING STRATEGIES RATING SCALE

Tries to hold in his mind all the separate items of information in the presentation	much	some	some	much	Tries to use categories relevant to main theme or major subtheme
Does not deliberately try to formulate the main concept of the presentation	much	some	some	much	Deliberately tries to formulate the main concept or major subconcept of the presentation
Does not attempt to interrelate (integrate) different parts of the presentation to one another	much	some	some	much	Deliberately attempts to interrelate (integrate) different parts of the presentation to one another
Does not attempt to relate what is occuring in the presentation to anything outside the specific presentation	much	some	some	much	Deliberately attempts to relate what is occurring in the presentation to something outside the specific presentation
Picks up unimportant details	much	some	some	much	Tends not to pick up unimportant details
Builds from particulars to reach overall or general theme of the presentation	much	some	some	much	Recalls particulars from knowledge of the overall or general concepts of the presentation

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TITLE

STUDIES IN HUMAN INTERACTION, Interpersonal Process Recall, Stimulated by Videotape

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IDENTIFIERS

ABSTRACT

The Interpersonal Process Recall technique was developed as a means for probing more deeply into man's thoughts and feelings as he interacts with others. It assumes that if a subject is given enough cues and clues to help him relive an experience, his feelings and thoughts could be explored in depth and with reasonable accuracy of recall.

The basic IPR technique involves first the videotaping of an interaction. The videotape is then replayed in a recall interview in which the participants are able to relive their experience and, aided by a trained recall interviewer, interpret their feelings and thoughts, their bodily motion, and the other processes involved in the interaction. This basic procedure was varied in several instances in the course of the studies comprising this project. Simulation techniques and measurement procedures were developed.

IPR was found to have significant value in studies of counselor education interpretation of nonverbal behavior, teaching-learning, acceleration of client progress, the measurement of affective sensitivity, and the development of a theory of interpersonal behavior and counselor supervision.